

DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
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March 15, 2023

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

House Bill 907 HD2 – Relating to Telehealth

The Disability and Communication Access Board (DCAB) supports House Bill 907 HD2 - Relating to Telehealth. This bill would authorize reimbursement of telehealth services provided by way of an interactive telecommunications system.

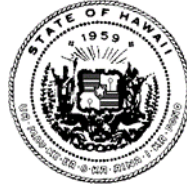
Telehealth is a valuable option for people with disabilities. Telehealth appointments assist patients with mobility disabilities who may have transportation difficulties to attend in-person. Telecommunication services including standard telephone contacts is still a feasible telehealth option for many 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. This bill would expand access for people with disabilities to essential health care services provided through telehealth.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

KIRBY L. SHAW
Executive Director

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 14, 2023

TO: The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health & Human Services

FROM: Cathy Betts, Director

SUBJECT: [HB 907 HD2](#) – RELATING TO TELEHEALTH.

Hearing: March 15, 2023, 1:00 p.m.
Conference Room 225 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports this measure and defers to the Department of the Attorney General regarding proposed amendments.

PURPOSE: The bill authorizes reimbursement of telehealth services provided by way of an interactive telecommunications system be reimbursed. Effective 6/30/3000. (HD2)

The Committee on Health & Homelessness amended the measure by:

- (1) Clarifying that "interactive telecommunications system" includes two-way real-time audio-only communication;
- (2) Changing the effective date to June 30, 3000, to encourage further discussion; and
- (3) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

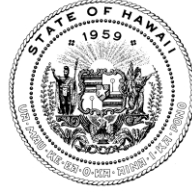
The Committee on Consumer Protection and Commerce further amended the bill by

- (1) Clarifying that reimbursements for diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system shall meet requirements under federal regulations; and

- (2) Clarifying that the exemption for certain communications from the definition of telehealth does not apply if such communication is allowed under the federal regulations regarding interactive telecommunications systems.

DHS supports the ongoing use of telehealth, including the Medicare definition and rules for an "interactive telecommunication system" that also specifies the use of "two-way real-time audio-only communication" for mental health services. We defer to the Department of the Attorney General for further clarifications regarding providing mental health services via an interactive telecommunication system when "two-way real-time audio communication" is used.

Thank you for the opportunity to provide comments on this measure.



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

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Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committee on Health and Human Services
Wednesday, March 15, 2023
1:00 p.m.

State Capitol, Conference Room 225 and via Videoconference

On the following measure:
H.B. 907, H.D. 2, RELATING TO TELEHEALTH

Chair Buenaventura and Members of the Committee:

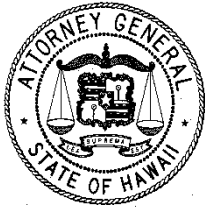
My name is Gordon Ito, and I am the Insurance Commissioner for the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to authorize reimbursement of telehealth services provided by way of an interactive telecommunications system be reimbursed.

We support efforts to improve access to health care services.

By inserting the phrase "by way of an interactive telecommunications system" at page 5, line 10, page 8, line 9, and page 11, line 5, this bill would exclude any telehealth services from reimbursement that do not meet the new definition of "interactive telecommunication system", essentially requiring a service to be both "telehealth" and an "interactive telecommunications system" to be eligible for reimbursement.

Thank you for the opportunity to testify on this bill.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-SECOND LEGISLATURE, 2023**

ON THE FOLLOWING MEASURE:

H.B. NO. 907, H.D. 2, RELATING TO TELEHEALTH.

BEFORE THE:

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

DATE: Wednesday, March 15, 2023 **TIME:** 1:00 p.m.

LOCATION: State Capitol, Room 225

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Erin N. Lau or Lili A. Young, Deputy Attorneys General

Chair San Buenaventura and Members of the Committee:

The Department of the Attorney General (Department) provides the following comments.

This bill amends a medical assistance statute and several insurance statutes to require reimbursement for services provided by a physician to a patient through the use of an "interactive telecommunications system." It includes audio-only technology for behavioral health services, which are subject to the same conditions for reimbursement as the Medicare federal regulations at title 42 Code of Federal Regulations (CFR) section 410.78.

The bill amends four different statutory sections to amend reimbursement for telehealth as follows:

Reimbursement for services provided through telehealth by way of an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient[.]; provided that reimbursement for the diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system shall meet the requirements of title 42 Code of Federal Regulations section 410.78. 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.

See, page 2, lines 9-20; page 5, lines 9-20; page 8, lines 8-19; and page 11, lines 4-15.

There are three telehealth bills that are the same or similar to H.B. No. 907, H.D. 2,

including H.B. No. 693, S.B. No. 684, and S.B. No. 1038, S.D. 2. The Department strives to provide consistent advice on all bills. Therefore, we recommend including the following bolded amendments to further clarify that the Medicare conditions for reimbursement apply only to audio-only mental health services rather than any mental health service, consistent with our advice on the other similar bills:

Reimbursement for services provided through telehealth by way of an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient[-]; provided that reimbursement for the diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system using two-way, real-time audio-only communication technology shall meet the requirements of title 42 Code of Federal Regulations section 410.78. 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 respectfully ask the Committee to consider the recommended amendments.



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

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

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenabentura, Chair

Senator Henry J.C. Aquino, Vice Chair

March 15, 2023 1:00 P.M. - VIA VIDEO CONFERENCE – Rm 308

Testimony in STRONG SUPPORT of HB907 HD2 RELATING TO TELEHEALTH

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB907 HD2, which promises an overall improvement and increased access to quality mental health services by incorporating the federal Centers for Medicare and Medicaid Services definition of “interactive telecommunications system” to allow:

“services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, [where] interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system but the patient is not capable of, or does not consent to, the use of video technology . . .”

HIAMFT believes this language achieves a well-reasoned balance based on robust research, analysis, and deliberation on audio-only telehealth conducted at the federal level.

COMPROMISE LANGUAGE:

Our organization agrees to and supports the compromise language reflected in the current draft of a substantially similar measure, SB1038 SD2; and encourages this committee to incorporate that agreed upon language in an SD1. We also support any amendments recommended by state executive agencies that effectuate this proposal’s current intent, yet ensure the black letter is unambiguous and consistent with federal law. We believe this agreement may be the best chance Hawaii currently has to advance access and utilization of critical treatment through audio-only telehealth.

RESEARCH SHOWS AUDIO-ONLY WORKS

HIAMFT also appreciates the clinical outcomes achieved by audio-only mental health treatment through “talk therapy”, such as frequently provided by Marriage and Family Therapists. Not only does audio-only talk therapy help our patients just as effectively, (and sometimes more effectively) than in-person or video meetings, the telephonic services allowed in this proposal will increase access to and utilization by several marginalized and/or remote populations who otherwise would not seek or be able to maintain service. In one study published in *Clinical Psychology: Science and Practice* (v15 n3, September 2008), researchers concluded that: **“telephone- administered psychotherapy can produce significant reductions in depressive symptoms. Attrition rates were considerably lower than rates reported in face-to-face psychotherapy.”**

In a 2006 study published in the *British Medical Journal* entitled “*Telephone administered cognitive behaviour therapy for treatment of obsessive compulsive disorder: randomized controlled non-inferiority trial,*” researchers concluded **“[t]he clinical outcome of cognitive behaviour therapy delivered by telephone was equivalent to treatment delivered face to face and similar levels of satisfaction were reported.”**

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Further, in the Journal of Neurotrauma 32:45-57 (January 1, 2015), researchers concluded that **“In-person and telephone-administered CBT [Cognitive Behavioral Therapy] are acceptable and feasible in persons with TBI [Traumatic Brain Injury] . . . [T]elephone CBT holds particular promise for enhancing access and adherence to effective depression treatment.”**

In another study published in American Journal for Geriatric Psychiatry in 2012, entitled “A Randomized Controlled Trial of Telephone-Delivered Cognitive-Behavioral Therapy for Late-Life Anxiety Disorders,” doctors used audio-only therapy and concluded **“These results suggest that CBT-T [cognitive behavioral therapy delivered by telephone] may be efficacious in reducing anxiety and worry in older adults.”**

In 2011, the American Psychological Association’s Journal, Professional Psychology: Research & Practice Vol. 42, no. 6, 543-549, published a study entitled “Benefit and Challenges of Conducting Psychotherapy by Telephone” concluded that with audio-only therapies: **“Results of randomized, controlled trials indicate high client acceptance and positive outcomes with this method of delivering psychotherapy.”**

“TELEHEALTH” INNOVATION SHOULD NOT FORFEIT ACES TO THOSE INCAPABLE OF USING THIS TECHNOLOGY

While devastating to public health and our economy, the COVID 19 Pandemic has spurred revolutionary developments in telehealth. However, as much as we need to embrace change, we should not turn our back on old reliable tools for meeting our most vulnerable where they are. 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 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.”**

FOLLOWING THE FEDS ASSURES BEST PRACTICES:

HIAMFT believes if we “follow the feds,” we benefit from the research and deliberations determined by CMS to be best practices; and incorporate these best practices in Hawaii’s private insurance plans. If it’s good enough for Medicare and Medicaid, it is good enough for private insurance.

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 uncomfortable using high technology.

Thank you for the opportunity to testify in STRONG SUPPORT on this critical access to care legislation.

Sincerely,



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



ALOHACARE

To: The Honorable Joy San Buenaventura, Chair
The Honorable Henry Aquino, Vice Chair
Senate Committee on Health and Human Services

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Public Policy Manager

Hearing: Wednesday, March 15, 2023, 1:00 PM, Conference Room 225

RE: **HB907 HD2 Relating to Telehealth**

AlohaCare appreciates the opportunity to provide testimony in **support of HB907 HD2 with comments**. This measure will clarify that reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact while also defining interactive telecommunications system to have the same meaning as defined in title 42 Code of Federal Regulations section 410.78 Telehealth services.

Founded in 1994 by Hawai`i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. Approximately half of our membership are keiki. We are Hawai`i's only health plan exclusively dedicated to serving Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person care.

AlohaCare is committed to improving access to care. This measure provides another way for our members and residents across our State to access mental health care more easily, consistent with requirements provided under the Medicare program. We understand the value of audio-only mental health services especially for patients who are not always able to or comfortable with using video technology.

We offer the following comments. Consistent with 42 CFR section 410.78, we underscore the importance of proper medical records and claims documentation for providing the appropriate location of service modifier designated by the Centers for Medicare and Medicaid Services. This information helps to verify that the services have in fact been provided and that the conditions for audio-only telehealth services have been met. We also want to highlight the intermittent frequency of face-to-face visits required under 42 CFR section 410.78 providing for audio-only services. While the legislation references 42 CFR section 410.78, we would ask that you consider adding these provisions of the regulations into this measure to ensure important guardrails are in place.

HB907 HD2 will increase access to mental health services for our members and Hawai`i residents broadly, and adding these provisions will ensure important safeguards for quality care.

Mahalo for this opportunity to testify in **support of HB907 HD2 with comments**.

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Call: 973-0712 • Toll-free: 1-877-973-0712 • Fax: 808-973-0726 • www.AlohaCare.org

COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

March 15, 2023 1:00 P.M. - VIA VIDEO CONFERENCE – Rm 225

Testimony in Strong Support on HB907 HD2 RELATING TO TELEHEALTH

The National Association of Social Workers – Hawaii (NASW- HI) strongly supports this measure, which incorporates the definition of “interactive telecommunications system” from the federal telehealth regulations adopted by the Centers for Medicare and Medicaid Studies for audio-only mental health treatment.

Under Title 42 Code of Federal Regulations section 410.78:

“Interactive telecommunications system means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology. A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.” [Underlining added.]

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; or they may lack the resources to purchase a smartphone, tablet, or computer; or they are elderly or disabled and cannot operate equipment that require technological know-how or manual dexterity.

COMPROMISE LANGUAGE:

Our organization agrees to and supports the compromise language reflected in the current draft of a substantially similar measure, SB1038 SD2; and encourages this committee to incorporate that agreed upon language in an SD1. We also support any amendments recommended by state executive agencies that effectuate this proposal’s current intent, yet ensures the black letter is unambiguous and consistent with federal law. We believe this agreement may be the best chance Hawaii currently has to advance access and utilization of critical treatment through audio-only telehealth.

RESEARCH:

This bill removes barriers to access for so many disenfranchised members of our society who do not use the video technology required for telehealth. Recent studies have indicated that several vulnerable populations prefer audio-only treatments; and that expanding coverage in this way will meet the needs of the elderly, disabled, low-income, disenfranchised racial, ethnic, and linguistic groups, and many others who may simply utilize and respond better to telephonic treatment. On this access matter, the Dept. of Health and Human Services recently issued policy brief (entitled “National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services”), reporting that:

“[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.**"

Likewise, the research indicates strong efficacy of Audio-only treatment. It is well-established in the research that behavioral health services administered over the telephone is not only as effective, but **sometimes more effective than face-to-face therapy**. For example, in one study published in *Clinical Psychology: Science and Practice* (v15 n3, September 2008), researchers concluded that: **"telephone- administered psychotherapy can produce significant reductions in depressive symptoms. Attrition rates were considerably lower than rates reported in face-to-face psychotherapy."**

In a 2006 study published in the *British Medical Journal* entitled *"Telephone administered cognitive behaviour therapy for treatment of obsessive compulsive disorder: randomized controlled non-inferiority trial,"* researchers concluded **"[t]he clinical outcome of cognitive behaviour therapy delivered by telephone was equivalent to treatment delivered face to face and similar levels of satisfaction were reported."**

Further, in the *Journal of Neurotrauma* 32:45-57 (January 1, 2015), researchers concluded that **"In-person and telephone-administered CBT [Cognitive Behavioral Therapy] are acceptable and feasible in persons with TBI [Traumatic Brain Injury] . . . [T]elephone CBT holds particular promise for enhancing access and adherence to effective depression treatment."**

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In 2011, the American Psychological Association's *Journal, Professional Psychology: Research & Practice* Vol. 42, no. 6, 543-549, published a study entitled *"Benefit and Challenges of Conducting Psychotherapy by Telephone"* concluded that with audio-only therapies: **"Results of randomized, controlled trials indicate high client acceptance and positive outcomes with this method of delivering psychotherapy."**

THE FEDERAL APPROACH ASSURES ACCESS & BEST PRACTICES:

By "following the feds," and using CMS's definition to help administer telephonic telehealth in Hawaii, NASW- Hawaii believes we can ensure best practices will be followed. If it's good enough for Medicare and Medicaid, it is good enough for private plans.

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 mental health needs. We therefore strongly support this proposal as it improves access to quality mental health services – 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 support.

Sincerely,

 , MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW
Executive Director,
National Association of Social Workers- Hawai'i Chapter



**Testimony to the Senate Committee on Health and Human Services
Wednesday, March 15, 2023; 1:00 p.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: HOUSE BILL NO. 0907, HOUSE DRAFT 2, RELATING TO TELEHEALTH.

Chair San Buenaventura, Vice Chair Aquino, 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** House Bill No. 0907, House Draft 2, RELATING TO TELEHEALTH, and offers **AMENDMENTS** for your consideration.

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:

- (1) Require insurance reimbursement for services provided through telehealth by way of an "interactive telecommunications system" and
- (2) Define "interactive telecommunications system" to be consistent with 42 CFR 410.78, as amended.

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). It would also take effect on December 31, 2050.

Testimony on House Bill No. 0907, House Draft 2
Wednesday, March 15, 2023; 1:00 p.m.
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Over the past six weeks, the HPCA, on behalf of a Hui consisting of the Hawaii Psychological Association, the National Association of Social Workers, the Hawaii Island Association for Marriage and Family Therapists, the Hawaii Substance Abuse Coalition; the HPCA, AARP, the American Cancer Society Cancer Action Center, the Hawaii Parkinson's Association, the Epilepsy Foundation of Hawaii, and the Alzheimer's Association, among other organizations (HUI), conducted a series of discussions with the Hawaii Medical Service Association (HMSA) to determine whether a compromise could be reached that would ensure patient access to audio-only mental health services while establishing reasonable restrictions on loss costs.

After considerable work by all parties to achieve a compromise, the HPCA and HMSA were able to reach a tentative agreement that was presented to the participating organizations who in turn informed the HPCA that they were in support of the agreement. The terms of the agreement are presented for your consideration in the attached draft bill.

In summary:

- (1) The HUI AGREES to an 80% cap on reimbursement for mental health services provided through audio-only telehealth services **[NOTE: All Medicaid benefits must be approved by the federal Center for Medicaid and Medicare Services in accordance with the State Medicaid Plan and federal law.]**;
- (2) HMSA AGREES to ease a requirement for private insurers that exists in Medicare that an in-person visit take place at least 6-months prior to an initial audio-only mental health telehealth visit and 12-months prior to a subsequent visit by allowing an audio-visual mental health telehealth visit be substituted for the in-person visit;
- (3) Both the HUI and HMSA AGREE to a sunset date of December 31, 2025, or exactly one year AFTER the sunset of the Consolidated Appropriations Act of 2023. This will allow Hawaii's Medicaid and insurance regulators to determine whether the reimbursement requirements in Medicare for audio-only mental health services are permanent or temporary. In 2025, the Legislature can reevaluate the need for a sunset and the 80% reimbursement cap; and
- (4) Both the HUI and HMSA AGREE to the amendments proposed by the Departments of Human Services and Attorney General to clarify the definition of "interactive telecommunications system" to include "two-way, real-time audio-only communications.

Testimony on House Bill No. 0907, House Draft 2
Wednesday, March 15, 2023; 1:00 p.m.
Page 3

We note that this agreement is reflected in a measure that was approved on Third Reading by the Senate -- Senate Bill No. 1038, Senate Draft 2. However, Senate Bill No. 1038, Senate Draft 2, also incorporated a defective effective date of December 31, 2050. Because of this, we urge this Committee to replace the substance of this measure with the provisions of Senate Bill No. 1038, Senate Draft 2, and insert a corrected effective date.

Lastly, as the organization that first brought this issue to the Legislature's attention in 2020 [See, Testimony to the Senate Committee on Ways and Means on House Bill No. 2502, Senate Draft 1, July 2, 2022.], the HPCA believes that the compromise reached between the parties is fair and reasonable. It will level the playing field between Medicare, Medicaid, and private health care insurance and ensure that basic essential mental health services are available to rural and isolated communities, our Kupuna and vulnerable constituencies, and to the general public.

For this reason, the HPCA strongly urges your favorable consideration of the proposed amendments to this bill.

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@hawaiipca.net.



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The State Legislature
Senate Committee on Health and Human Services
Wednesday, March 15, 2023
Conference Room 225, 1:00 p.m.

TO: The Honorable Joy San Buenaventura, Chair
RE: Support for H.B. 907, HD 2 Relating to Telehealth

Aloha Chair San Buenaventura 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 impact organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and nearly 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 strongly supports H.B. 907 HD2** which clarifies that telehealth services provided by way an interactive telecommunications system including real time audio-only communication (telephone) be reimbursed, and respectfully **offers amendments** for your consideration.

AARP fights for issues that matter most to families such as healthcare, family caregiving and independent living and believes no one's possibilities should ever be limited by their age and seeks to find new solutions so that more people can live and age as they choose. Among these issues is access to meaningful healthcare coverage.

AARP believes that telehealth is an important 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. More and more of our members, especially those aged 50-59, are using their mobile devices and tablets to access information about their health. The use of telehealth technologies (especially those that include family members in virtual visits with providers) has the potential to result in better access to care, reduced transportation barriers, and improved outcomes for the care recipient.

With the continued presence of COVID-19, many people are still reluctant to leave their homes for an in-person visit with their health provider. Some are not comfortable using telehealth even with access to a computer and internet connection, while a telephone remains the preferred mode for communication for many especially kupuna. Therefore, it is critical that

audio-only is recognized as a valid telehealth modality. AARP has been supporting this initiative along with local stakeholders/community partners such as the Hawaii Primary Care Association (HPCA), the Hawaii Psychological Association, the National Association of Social Workers, and others in the "Hui" who want to ensure patient access to audio-only mental health services while establishing reasonable restrictions on loss costs. We appreciate the recent negotiations that the Hawaii Primary Care Association have reached with HMSA and support the amendments agreed upon between the parties as reflected in HPCA's testimony for HB 907, HD2. Amendments highlights include:

- 1) 80% cap on reimbursement for mental health services provided through audio-only telehealth services
- 2) Easing the requirement for private insurers that exists in Medicare that an in-person visit take place at least 6-months prior to an initial audio-only mental health telehealth visit and 12-months prior to a subsequent visit by allowing an audio-visual mental health telehealth visit be substituted for the in-person visit;
- 3) Clarifying the definition of "interactive telecommunications system" to include "two-way, real-time audio-only communication"

Thank you very much for the opportunity to testify in support of the agreement, as specified in the draft proposed by HPCA and urge the Committee to include the proposed amendments as Senate Draft 1.

Sincerely,

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

Keali'i S. López
State Director



3/13/2023

HB907

Dear Sir,

I am writing this letter as a psychiatric mental health nurse practitioner delivering care in the state of Hawaii via telepsychiatry. I do have clients that I see that do not have the capability because they do not have broadband many these clients work around this by driving to the closest cell phone tower to be able to connect and see me. Some of these clients the connection is not reliable. Out of the insurance panels that we serve United Healthcare and Humana do not allow clients to be seen by telephone only and have denied charges we submitted. This has been an issue with some of my clients. I fully support this bill passing requiring all insurance companies to allow telephone only.

Be glad to make some time available to deliver my testimony via Zoom.

I am seeing some requirements coming out of bureaucracy of Quest where they are now requiring case management companies that I service and take care of CCS clients to require face-to-face. Patient with the most severely mentally ill clients in Hawaii. We deliver care to some 500 CCS clients in the state. Many of these clients are homeless and group homes of the most disenfranchised in the state. Many psychiatrists do not take care of these clients within the state of Hawaii and a psychiatric mental health nurse practitioners we always want to help the disenfranchised. They really cannot do this according to the telemedicine laws in Hawaii, so they are circumventing the Hawaiian State legislature and making an administrative policy requiring the case management. Companies offer these clients face-to-face even though many times is not available. I did want to make you aware of this situation as well. Perhaps an amendment of this bill could be drafted to address this issue. I do not feel like this was the intent of this legislature. At this point the Quest system not clearly defined the rules. I



am concerned that as a telepsychiatry provider my 500 clients no longer will have care from us in the state of Hawaii.

Mahalo,

George Mackel MSN, APRN-RX, NP-C, PMHNP-BC, CARN-AP



Hawai'i Psychological Association

COMMITTEE ON ~~FOR A HEALTHY HAWAII~~ HUMAN SERVICES

P.O. Box 833
Honolulu, HI 96808

Senator Joy A. San Buenaventura, Chair
www.hawaiipsychology.org Phone: (808) 521-8995

Senator Henry J.C. Aquino, Vice Chair

March 15, 2023 1:00 P.M. - VIA VIDEO CONFERENCE – Rm 308

The Hawai'i Psychological Association (HPA) strongly supports HB907 HD2 RELATING TO TELEHEALTH

Compromise Language

Our organization agrees to and supports the compromise language reflected in the current draft of a substantially similar measure, SB1038 SD2; and encourages this committee to incorporate that agreed upon language in an SD1. We also support any amendments recommended by state executive agencies that effectuate this proposal's current intent, yet ensure the black letter is unambiguous and consistent with federal law. We believe this agreement may be the best chance Hawaii currently has to advance access and utilization of critical treatment through audio-only telehealth.

Conclusive Research on Disparities in Access to Telehealth Access without Audio-only

Recent research indicates strong disparities between those who use audio versus video health and mental health services – particularly along racial, ethnic, linguistic, financial, and age-specific lines. On February 2, 2022, the United States Department of Health and Human Services (DHHS) issued a policy brief entitled "National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services"¹ which reported:

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

This bill recognizes these disparities and adopts the solution adopted by the Federal Centers for Medicare and Medicaid Services (CMS) in its definition of “interactive telecommunications system.” The CMS approach promises to expand access and improve patient outcomes.

Conclusive Research on the Strong Efficacy of Audio-only Treatment for Mental Health

It is well-established in the research that behavioral health services administered over the telephone is not only as effective, but **sometimes more effective than face-to-face therapy**. For example, in one study published in *Clinical Psychology: Science and Practice* (v15 n3, September 2008), researchers concluded that: “telephone-administered psychotherapy can produce significant reductions in depressive symptoms. Attrition rates were considerably lower than rates reported in face-to-face psychotherapy.”

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

In a 2006 study published in the British Medical Journal entitled “*Telephone administered cognitive behaviour therapy for treatment of obsessive compulsive disorder: randomized controlled non-inferiority trial*,” researchers concluded “**[t]he clinical outcome of cognitive behaviour therapy delivered by telephone was equivalent to treatment delivered face to face and similar levels of satisfaction were reported.**”

Further, in the Journal of Neurotrauma 32:45-57 (January 1, 2015), researchers concluded that “**In-person and telephone-administered CBT [Cognitive Behavioral Therapy] are acceptable and feasible in persons with TBI [Traumatic Brain Injury] . . . [T]elephone CBT holds particular promise for enhancing access and adherence to effective depression treatment.**”

In another study published in American Journal for Geriatric Psychiatry in 2012, entitled “A Randomized Controlled Trial of Telephone-Delivered Cognitive-Behavioral Therapy for Late-Life Anxiety Disorders,” doctors used audio-only therapy and concluded “**These results suggest that CBT-T [cognitive behavioral therapy delivered by telephone] may be efficacious in reducing anxiety and worry in older adults.**”

In 2011, the American Psychological Association’s Journal, Professional Psychology: Research & Practice Vol. 42, no. 6, 543-549, published a study entitled “Benefit and Challenges of Conducting Psychotherapy by Telephone” concluded that with audio-only therapies: “**Results of randomized, controlled trials indicate high client acceptance and positive outcomes with this method of delivering psychotherapy.**”

Following Federal Legislation in Telehealth Policy Assures Best Practices in Hawaii

Based on the foregoing, we believe it prudent to “follow the Feds” – as the research, analysis, and advocacy at the Federal level are ongoing and robust. Whatever best practices CMS ultimately determines are necessary for meeting the mental health needs of our most vulnerable; these practices should likewise be incorporated into Hawaii State statutes for private plans.

If it’s good enough for Medicare and Medicaid, it is good enough for private insurance.

We believe this bill is crucial to improving patient outcomes, expediting timely service, and ultimately reducing costs and unnecessary administrative functions. HPA greatly appreciates legislative action to ensure old tools, like the standard telephone, are available to keep lines of communication open to provide necessary treatment to those who are: not comfortable with video-conferencing platforms; not equipped with the necessary technology or equipment due to expense; or those who live on more remote neighbor islands or in rural areas - out of reach of necessary broadband network capabilities.

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

Sincerely,



Alex Lichton, Ph.D.
Chair, HPA Legislative Action Committee



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
Senate Committee on Health and Human Services
Wednesday, March 15, 2023 at 1:00 p.m.

By

Lee Buenconsejo-Lum, Interim Dean
John A. Burns School of Medicine

And

Michael Bruno, Provost
University of Hawai'i at Mānoa

HB 907 HD2 – RELATING TO TELEHEALTH

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Thank you for the opportunity to testify in **strong support** of HB 907 HD2 which conforms the State's law regarding telehealth to the Medicare standards by clarifying that telehealth services provided by way of an interactive telecommunications system be reimbursed, and specifies that "interactive telecommunications system" includes two-way real-time audio-only communication.

Since 1999, the use and expansion of telehealth services and technology in Hawai'i have been recognized as a way to increase access and reduce delays to health care, particularly in rural areas of the state. Many of the highest-risk patients reside in Medically Underserved Areas (MUA), are part of Medically Underserved Populations (MUP), or reside in federally-designated health professional shortage areas. Telehealth via telephonic communication benefits many in these communities. Elderly, as well as medically- and socially-complex patients often face transportation barriers and difficulty navigating our collective system of health care. Patients with behavioral health issues are especially vulnerable and frequently require immediate attention. The inability of behavioral health and other patients to access the internet or to navigate complicated video platforms presents an even greater barrier to much-needed health care.

We note that Medicare and Medicaid pay equally for telephonic and telehealth services, recognizing the importance of telephonic services. 42 CFR § 410.78 defines telehealth services provides as follows:

“(3) Interactive telecommunications system means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental

health disorder to a patient in their home, **interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology**. A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.” Emphasis added.

One of the realities for Hawai'i is that many of those most in need of telephonic care (limited means to travel, poor or absent internet coverage or bandwidth, residence remote from care providers, infirm with limited cognition or digital literacy, immune compromise in the age of COVID, etc.) suffer the most from a lack of provider reimbursement for telephonic coverage. Without telephonic coverage, these at-risk individuals must travel from their residence to clinics and emergency departments at great personal expense or choose to do without care guidance altogether. This measure is a positive step toward ensuring that Hawai'i's most vulnerable patients are given equal access to the high-quality health care and health services they deserve.

Thank you for the opportunity to provide testimony on this bill.

2023 Hawaii Leadership Board

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LJ R. Duenas
*Executive Director
Alzheimer's Association*

Testimony to the Senate Committee on Health and Human Services Wednesday, March 15, 2023, 1:00 p.m.

Hawaii State Capitol, Conference Room 225 and Videoconference

RE: House Bill No. 907, House Draft No. 2, Relating to Telehealth

Chair Joy San Buenaventura, Vice Chair Henry Aquino, and Members of the Committee:

I am Ron Shimabuku, Director of Public Policy and Advocacy with the Alzheimer's Association. We are testifying in **SUPPORT of House Bill No. 907, House Draft No. 2, and offer amendments for your consideration.**

The Alzheimer's Association was established to assist those facing Alzheimer's disease and other dementias by providing local support groups and educational resources while advancing crucial research and public policy initiatives.

Although the Alzheimer's Association has not taken an official position on telehealth for patients with dementia, we recognize the significance of access to healthcare services, most especially in rural areas and vulnerable populations. We also acknowledge that certain communities throughout the state have limited to no broadband access. Telehealth via telephonic means has been a mode of access to bridge this digital divide, allowing individuals with limited broadband to receive healthcare services.

Furthermore, through a coalition of non-profit organizations that the Alzheimer's Association has participated in, we acknowledge the agreement reached between the lead stakeholders in this proposal, i.e. the Hawaii Primary Care Association (HPCA), and the Hawaii Medical Service Association (HMSA). The Senate approved this agreement in Senate Bill No. 1038, Senate Draft No. 2. It is our belief that this will assist with addressing access to healthcare services temporarily, and encourage further discussion on the need to resolve this issue permanently. Therefore, we ask your consideration to incorporate the provisions in Senate Bill No. 1038, Senate Draft No. 2 and insert a corrected effective date.

With these amendments, we respectfully urge your favorable consideration of this bill.

Thanks for the opportunity to testify. If you have questions, please contact me at 808.451.3410 or rkshimabuku@alz.org.

Mahalo,



Ron Shimabuku
Director, Public Policy and Advocacy
Alzheimer's Association – Hawaii



HB907 HD2 (S) Telehealth and Telephone

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Wednesday, Mar 15 2023: 1:00 am : Room 225 Videoconference

Hawaii Substance Abuse Coalition Supports HB907 HD2

We support the amendment to change Hawaii's law to Medicare standards to address the full spectrum of requirements listed under 42 CFR 438.10 (b).

The current Medicare definition is:

“Interactive telecommunications system” means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology. A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.” 42 CFR 410.78(a)(3).


The use of "two-way, real-time audio-only communication technology" is Medicare's description of telephone calls specific to the treatment of a mental health disorder. Further, we would note that Medicare only allows telehealth under certain additional conditions.

Telehealth

Telehealth is not meant to totally replace face to face for those who have more chronic conditions, but 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.

U.S. Congress has stated that preliminary evaluations have demonstrated that telehealth and when needed telephonic practices does save money and improve care:

- Especially for the elderly and behavioral health,
- For checkups for both specialty care and primary care.
- In certain cases, it's a more efficient use of time for care givers and patients.



People with chronic conditions need follow-up care to prevent ongoing ER and hospital care, but if they have limited access to care, then Telehealth is crucial and if not available, then telephonic care becomes essential.

Telephone services are an integral part of Medicaid and Medicare and with this legislation it can be for commercial plans too, subject to financing and authorizations.

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



March 13, 2023

Senator Joy San Buenaventura, Chair

Senator Henry Aquino, Vice Chair

Testimony to the Senate Committee on Health and Human Services

Wednesday, March 15, 2023; 1:00 pm. State Capitol, Conf. Room 225 & via Videoconference

RE: House Bill 907 HD2 – RELATING TO TELEHEALTH

Aloha Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

On behalf of the Epilepsy Foundation of Hawaii (EFH), we urge your **SUPPORT** of **House Bill 907 HD2**, RELATING TO TELEHEALTH.

The Epilepsy Foundation of Hawaii is an independent 501(c)(3) non-profit organization whose mission is to advocate and provide services for the almost 14,000 individuals living with epilepsy throughout Hawaii, along with their caregivers and community. Collectively, we foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition characterized by seizures, which are sudden surges of electrical activity in the brain, that affects a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy, and approximately 1 in 10 people will experience a seizure, at some point in their lifetime.

Telehealth services can prove extremely significant in supporting healthcare in persons with epilepsy, particularly for their role in facilitating the interactive exchange of information between patients and physicians. We want to ensure accessibility and equity for all patients especially those in vulnerable and difficult to reach populations with limited access to broadband. Telehealth via telephonic serves to increase access and decrease barriers to address the needs of individuals and populations with limited broadband to receive healthcare.

As such, through active participation in a coalition of non-profit organizations, the Epilepsy Foundation of Hawaii acknowledges and supports the tentative agreement reached between the Hawaii Primary Care Association and the Hawaii Medical Service Association. We firmly believe this is a step in the right direction to bridge the gap in access to healthcare services and we look forward to supporting this conversation.

We note that this agreement is reflected in Senate Bill 1038 SD2, a measure that was approved on Third Reading by the Senate. However, Senate Bill 1038 SD2, also incorporated a defective effective date of December 31, 2050. We urge this Committee to replace the substance of this measure with the provisions of Senate Bill 1038 SD2, and insert a corrected effective date.

On behalf of the Epilepsy Foundation of Hawaii and our Board of Directors, we humbly thank you for the opportunity to testify and urge your support for House Bill 907 SD2 with proposed amendments.

Mahalo nui loa,

Our mission is to lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives. **Please learn more about our advocacy work at [epilepsy.com/advocacy](https://www.epilepsy.com/advocacy).**



Naomi Manuel

Naomi Manuel
Executive Director
Epilepsy Foundation of Hawaii

Our mission is to lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives. **Please learn more about our advocacy work at epilepsy.com/advocacy.**

Wednesday, March 15, 2023, at 1:00 PM
Via Video Conference; Conference Room 225

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

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

Re: **Testimony in Support of HB 907, HD2
Relating to Telehealth**

My name is Michael Robinson, and I am the 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 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH writes in SUPPORT of HB 907, HD2 which clarifies that telehealth services provided by way of an interactive telecommunications system be reimbursed, conforming State law on telehealth to the Medicare standards, and specifies that "interactive telecommunications system" includes two-way real-time audio-only communication.

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.

HPH supports the development of a provider reimbursement system that also incorporates reimbursement for telephonic services. We have experienced challenges with our patients accessing acute care services (limited means to travel, poor or absent internet coverage, residence remote from care providers, infirm with limited mobility, immune compromise in the age of COVID, etc.) across our system. As a related example, 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 would have had 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 foster a telehealth environment in Hawaii that allows both patients today the ability to access behavioral health

services remotely without unnecessarily foreclosing future opportunities to develop alternative reimbursement structures for other remote access modalities to flourish.

Thank you for the opportunity to testify.



HIPHI Board

Misty Pacheco, DrPH
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HMSA

Kathleen Roche, MS, RN, CENP
Kaiser Permanente

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

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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 Collective

Date: March 13, 2023

To: Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
Members of the Committee on Health and Human Services

Re: Support HB 907 HD2 Relating to Telehealth

Hrg: Wednesday, March 15, 1:00 PM

The Hawai'i Public Health Instituteⁱ (HIPHI) is in **Support of HB 907 HD2**, which clarifies reimbursement for services provided through telehealth via an interactive telecommunications system. It also defines the term "interactive telecommunications system." HIPHI supports policies that increase access to health care.

Hawai'i faces a continued shortage of health care providers, particularly on Neighbor Islands and rural areas. Ensuring that the definition of "interactive telecommunications" includes audio-only communication in certain circumstances will make it much easier for particular populations to better utilize the telehealth option. There are areas that do not have reliable, consistent WiFi throughout the state. Those residents need the same opportunities to access care through telehealth as others.

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. Furthermore, it helps provide care to those with mobility challenges or who cannot leave their homes.

This measure will help to strengthen health in our state.

Mahalo,

A handwritten signature in black ink that reads 'Peggy Mierzwa'.

Peggy Mierzwa
Director of Policy & Advocacy
Hawaii Public Health Institute

ⁱ 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.



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

Senate Committee on Health and Human Services
Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

Date: Wednesday, March 15, 2023

ACS CAN SUPPORTS HB 907 HD2 – RELATING TO TELEHEALTH.

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

Thank you for the opportunity to **SUPPORT** HB 907 HD2 – RELATING TO TELEHEALTH. The American Cancer Society Cancer Action Network (ACS CAN) acknowledges the agreement between parties on this issue and note that this agreement is reflected in a measure that was approved on Third Reading by the Senate -- Senate Bill No. 1038, Senate Draft 2. However, Senate Bill No. 1038, Senate Draft 2, also incorporated a defective effective date of December 31, 2050. Because of this, we urge this Committee to replace the substance of this measure with the provisions of Senate Bill No. 1038, Senate Draft 2, and insert a corrected effective date.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, non-partisan advocacy affiliate of the American Cancer Society advocates for public policies that reduce death and suffering from cancer. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

ACS CAN recognizes that telehealth increases access to quality cancer care among populations that are underserved (e.g., residents of rural communities, individuals with limited income, patients with low health literacy, and people of color). It is especially important for access to healthcare services in rural areas or areas on the neighbor islands with limited broadband access. Audio only telehealth can also improve health equity.

A particular benefit of telehealth emerged during the coronavirus pandemic - cancer patients vulnerable to COVID-19 could conduct a video or audio visit with their providers from the safety of their home without risking additional exposure to the virus. The pandemic has demonstrated the importance of adaptable policies around telehealth that allow patients to reap the optimal benefits of telehealth.

ACS CAN, through the Survivor Views program, asked a cohort of cancer patients and survivors about their experience with and interest in telehealth. Overwhelming majorities of cancer patients and survivors who have had telehealth visits believed their issues and questions were well-addressed. 55% of respondents

had a phone visit and 43% had a video visit with a telehealth provider about an issue related to their cancer care that otherwise would have been an in-person office visit (not a prescription refill or appointment booking). In both cases, 94% said their issues and questions were addressed well.

Again, ACS CAN acknowledges the agreement between parties on this issue and note that this agreement is reflected in a measure that was approved on Third Reading by the Senate -- Senate Bill No. 1038, Senate Draft 2. However, Senate Bill No. 1038, Senate Draft 2, also incorporated a defective effective date of December 31, 2050. Because of this, we urge this Committee to replace the substance of this measure with the provisions of Senate Bill No. 1038, Senate Draft 2, and insert a corrected effective date.

Thank you again for the opportunity to provide testimony in SUPPORT on this important matter. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at 808.460.6109, or Cynthia.Au@Cancer.org.



Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Date: March 15, 2023

From: Hawaii Medical Association

Bernard Robinson, MD, HMA Public Policy Committee

Re: HB907, HD2; RELATING TO TELEHEALTH.

Position: Support

To allow for safer and easier patient-provider interactions during COVID-19, there was a dramatic increase in telehealth. Patients who are elderly, have public insurance, are of Asian, African-American, or Hispanic heritage, and/or of a lower socioeconomic status were more likely to use audio-only communication for medical appointments¹. Audio-only services provide an invaluable means for marginalized populations that may not have access to internet to receive the healthcare they need.

Reducing barriers to care enables patients to continue to see their providers, even in times of hardship. A large review study of federally qualified health centers (FQHC) during the pandemic found that the number of patient visits for behavioral health appointments, which used a larger proportion of audio-only visits, remained unchanged, while specialties using a higher percentage of video appointments had a 6.5% decrease in visits². This indicates that telephone-based visits allowed more patients to continue their care. Audio-only telemedicine visits are also associated with a reduced time to follow-up visits³.

As we work to address the complex socioeconomic factors that lead to health disparities, providing an accessible means for disadvantaged populations to receive care is a step in the right direction. This need has been recognized at the federal level; the Center for Medicare and Medicaid Services (CMS) covers audio-only services for established patients receiving mental health or substance abuse disorder treatment as long as certain conditions are met⁴.

Widespread use of audio-only telehealth services is a relatively new phenomenon that requires thorough research and risk assessment. There is data to support its use for behavioral health, but additional studies are needed to ensure its quality and safety in other settings. HMA appreciates the amendments made to ensure alignment with 42 CFR § 410.78.

2023 Hawaii Medical Association Officers

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

2023 Hawaii Medical Association Public Policy Coordination Team

Elizabeth Ann Ignacio, MD, Chair • Beth England, MD, Co-Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

Physicians have rapidly adopted telemedicine technologies to better serve our population. Payment parity for audio-only telemedicine care for treatment of a mental health disorder is fair and appropriate. This will increase access to care, improve health, and in doing so, reduce long-term costs.

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

REFERENCES

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2. Martin, R., Ambia, A. M., Holcomb, D. S., Wells, C., Nambiar, A., Roberts, S. W., McIntire, D. D., Harms, M., Duryea, E. L., & Nelson, D. B. (2022). Postpartum Audio-Only Virtual Visits Versus In-Person Followup in Women with Severe Hypertension. *American Journal of Obstetrics & Gynecology*, 226(1), S741–S742. <https://doi.org/10.1016/j.ajog.2021.11.1219>
3. Uscher-Pines, L., Sousa, J., Jones, M., Whaley, C., Perrone, C., McCullough, C., & Ober, A. J. (2021). Telehealth Use Among Safety-Net Organizations in California During the COVID-19 Pandemic. *JAMA*. <https://doi.org/10.1001/jama.2021.0282>
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2023 Hawaii Medical Association Officers

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March 15, 2023

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services

Re: HB 907 HD2 – Relating to Telehealth

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 907 HD2, which authorizes reimbursement of telehealth services provided by way of an interactive telecommunications system.

HMSA supports the intent of this legislation and has been working diligently on a compromise version of the bill with community health care providers. Copies of the compromise language was circulated to committee chairs in both the Senate and the House but in too short notice for any changes to be made prior to crossover.

The amendments noted below have been agreed to already and we respectfully request your consideration of amending the bill to reflect these changes that we have worked on together:

Page 5, Section 3, line 9: Section 431:10A-116.3, Hawaii Revised Statutes, subsection (c),
Page 8, Section 4, line 8: Section 432:1-601.5, Hawaii Revised Statutes, subsection (c), and
Page 11, Section 5, line 4: Section 432D-23.5, Hawaii Revised Statutes, subsection (c) will be amended to say:

Reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient; provided that for two-way, real-time audio-only communication technology for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home shall be paid at 80% of the same services provided via face-to-face contact between a health care provider and a patient; provided further that the health care provider has conducted an in-person or telehealth visit with the patient no longer than six months prior to the audio-only service and at least twelve months prior to any subsequent audio-only visit. 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.

Page 14, Section 7, line 3: is amended by adding: “*This Act shall take effect upon its approval and be repealed on December 31, 2025.*”

Thank you for the opportunity to provide comments on HB 907 HD2.

Sincerely,



A handwritten signature in black ink, appearing to read "Dawn Kurisu". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dawn Kurisu
Assistant Vice President
Community and Government Relations

HB-907-HD-2

Submitted on: 3/14/2023 11:58:41 AM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sherrie Takushi-Isara	Testifying for Sherrie M Takushi, Psy.D.	Support	Written Testimony Only

Comments:

Chair Yamashita, Vice Chair Kitagawa and Members of the Committee,

I am writing in strong support of HB907 HD2, which provides clarification to Hawaii’s law regarding reimbursement of two-way real-time audio-only communication. This bill aims to ensure that Hawaii’s law is consistent with Medicaid and Medicare regulations, which allows for equal reimbursement of audio-only telephonic services.

Since transitioning my practice to telehealth following the COVID-19 shutdown, I was surprised to discover how effective telehealth services were for my patients as well as my practice. A significant part of my practice includes patients with chronic mental health issues. Consequently, prior to the pandemic, many of these patients demonstrated difficulty in attending regularly scheduled sessions due to lack of transportation, frequent illness, and lack of financial resources to catch the bus or pay for the Handi-van. Significant improvements in attendance and a decrease in no-show/late cancellations occurred with my patients throughout the pandemic, which influenced me to reconsider my beliefs about the benefits of telehealth services.

During this time, several patients were unable to utilize video-based services due to low broadband, lack of technological experience, or lack of internet services. These patients represented the most marginalized individuals in our community as many of them were permanently disabled, indigent, and/or elderly. The ability to utilize phone (audio-only) telehealth services during the pandemic ensured continued access to mental health services, which would have otherwise been disrupted. Since these patients did not experience interruptions in their treatment, most remained connected to their provider and crisis-free.

The patient populations that would benefit from audio-only telehealth services continue to represent the most vulnerable in our community. Without access to a provider, many of these patients rely on crisis intervention services, EMS dispatch, emergency room visits, law enforcement intervention, and inpatient hospitalization. By providing equal reimbursement for audio-only services, providers will be able to offer much needed services to individuals who would otherwise depend on an already overtaxed healthcare and emergency response systems. Furthermore, mental health providers are often unwilling to work with these populations because of challenges related to compliance, consistency, and low reimbursement rates. Audio-only services will allow for an increase in patient compliance and consistency due to accessibility, while also providing reimbursement for services where there was once none.

I humbly ask that you consider these factors when making your decision to vote on this matter.
Thank you for your time and consideration.

Sincerely,

Sherrie M Takushi-Isara, Psy.D., ABPP

HB-907-HD-2

Submitted on: 3/10/2023 5:47:16 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alan R. Spector, LCSW	Individual	Support	Written Testimony Only

Comments:

I am a Licensed Clinical Social Worker in private mental health practice and writing in SUPPORT of this bill. The Covid Pandemic has caused a significant increase in the demand for mental health treatment services. Despite lockdown and ongoing health risks, we were able to continue to safely provide treatment via video telehealth.

Unfortunately some clients either lack adequate internet broadband service and/or lack a computer and/or lack the computer literacy skills needed to engage in a video session. For such clients, an audio-only session is their lifeline and only access to mental health care.

Mahalo

Alan R. Spector, LCSW

Kaneohe

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

DATE: Wednesday, March 15, 2023, 1:00 PM

Re: HB 907, HD2 - RELATING TO TELEHEALTH.

Aloha Chair San Buenaventura and Committee Members.

My name is Linda Dorset, a resident of Wailuku, Maui. I thank you for the opportunity to submit written testimony regarding the above referenced legislation. I strongly support HB907 to provide reimbursement of telehealth services provided by way of an interactive telecommunications system.

Telehealth is a tool to help people access health care to people who have difficulty accessing in person health services, and can make it easier for family caregivers to care for their loved ones. The use of telehealth technologies (especially those that include family members in virtual visits with providers) has the potential to result in better access to care, reduced transportation barriers, and improved outcomes for the care recipient.

Although more people are using telehealth via computer and internet connection for their visits with health care providers, the telephone remains the preferred mode for communication for many kupuna. Therefore, it is critical that audio-only is recognized as a valid telehealth modality.

Linda Dorset

Wailuku Resident

HB-907-HD-2

Submitted on: 3/13/2023 3:11:39 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jodie E. Gerson	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits.

If some patients can receive therapy through the telephone, there is hope they'll receive any treatment at all.

The Federal Department of Health and Human Services surveyed the research during the pandemic and concluded that patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

HB-907-HD-2

Submitted on: 3/14/2023 10:08:56 AM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Diane Logan	Individual	Support	Written Testimony Only

Comments:

As an addiction psychologist providing care across the islands to underserved communities with limited access to video technology, secure wifi or data transmission, and/or comfort with using certain platforms, the option for audio only telehealth is instrumental to maintaining care. Research supports the equality and effectiveness of this modality especially for underserved and high risk populations.

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

HB-907-HD-2

Submitted on: 3/13/2023 3:23:37 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Teresa Juarez	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

HB-907-HD-2

Submitted on: 3/13/2023 4:28:27 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Judith White	Individual	Support	Written Testimony Only

Comments:

Aloha,

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits.

If some patients can receive therapy through the telephone, there is hope they'll receive any treatment at all.

The Federal Department of Health and Human Services surveyed the research during the pandemic and concluded that patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

I live and work on rural Kauai, where some of my clients, especially older ones, have canceled sessions or dropped out of therapy altogether, because they do not have access to or the ability to navigate, regular telehealth. For them and others, audio only (phone), is the sole way to access remote, mental health services.

Thank you for this opportunity to support this critical access bill.

Judith C. White, Psy. D.

Clinical Psychologist, HI Lic #665

Kapaa, HI

HB-907-HD-2

Submitted on: 3/14/2023 10:24:21 AM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lindsey A Drayer	Individual	Support	Written Testimony Only

Comments:

Hi

Please allow people to receive mental health treatment by telephone. We should be expanding, not restricting, access to care. Now more than ever people are reaching out for help and they should be able to receive such help. For many people there are various barriers to receiving services via video or in-person, some of these barriers are transportation, finances, scheduling/transit time, childcare, etc.; some barriers are less obvious... they include intense shame, intense depression/anxiety that makes leaving home difficult, body image issues, and other emotional and psychological barriers that may prevent one from receiving services via video or in-person. Access to vital mental health services should be made available to anyone who wants it. Thank you, Lindsey Drayer

HB-907-HD-2

Submitted on: 3/14/2023 7:21:09 AM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Miriam Goldberg	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits.

If some patients can receive therapy through the telephone, there is hope they'll receive any treatment at all.

The Federal Department of Health and Human Services surveyed the research during the pandemic and concluded that patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

Sincerely,

Miriam Goldberg, LCSW

HB-907-HD-2

Submitted on: 3/14/2023 10:36:48 AM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brian Goodyear	Individual	Support	Written Testimony Only

Comments:

Aloha Senators,

I am a clinical psychologist who has been practicing in Hawaii for almost 40 years. I am writing to ask that you support the passage of HB907 HD2. Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Mahalo for your consideration of this bill.

HB-907-HD-2

Submitted on: 3/14/2023 12:27:02 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kahanaaloha Kuikahi-Duncan	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits.

If some patients can receive therapy through the telephone, there is hope they'll receive any treatment at all.

The Federal Department of Health and Human Services surveyed the research during the pandemic and concluded that patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

HB-907-HD-2

Submitted on: 3/14/2023 12:12:56 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
JUNE W. J. Ching, PhD, ABPP	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

HB-907-HD-2

Submitted on: 3/14/2023 12:14:30 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jeffrey D. Stern, Ph.D.	Individual	Support	Written Testimony Only

Comments:

Aloha, and thank you for the opportunity to testify. I wrote a letter to the editor of the Star Advertiser last legislative session about this bill and I'm happy to see it moving forward.

I have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. In other words, I successfully pivoted my practice to meet the needs of my patients. In so doing, I had to learn new skills and file an arm full of electronic paperwork, create tutorials and train my clients on the use of technology to access care. I feel very good about how I pivoted, both for myself and for my clients.

However, I am a well-educated doctor, obviously not everyone had or has the resilience, the ability to access care in a changing landscape (e.g., elderly folks, folks with limited means in terms of access to telehealth, ability to free up private time and space to meet with a provider wherein their right to privacy would be ensured). Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits. I firmly believe access should be a right and that it inevitably saves money in the long run.

The Federal Department of Health and Human Services surveyed the research during the pandemic and concluded that patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to share my mana'o with you.

Jeffrey D. Stern, PhD

Psychologist

HB-907-HD-2

Submitted on: 3/14/2023 1:09:16 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shannon Rudolph	Individual	Support	Written Testimony Only

Comments:

Support

HB-907-HD-2

Submitted on: 3/14/2023 1:57:18 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
mary drayer	Individual	Support	Written Testimony Only

Comments:

i am thankful that this issue does not apply to me personally - but if it did, i would surely welcome tele-mental-health for any treatment i would need. i am 75 years old, and during COVID when we had no choice, i was required to have my PCP/Dr visits via phone call. at first i was resistant, but i quickly found out it was a good thing - no need leave home, so i felt very comfortable, and Dr had more time to talk to me. I strongly SUPPORT this bill. Mahalo for your time ..

HB-907-HD-2

Submitted on: 3/14/2023 2:56:27 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Suzette Tokuda	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits.

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The Federal Department of Health and Human Services surveyed the research during the pandemic and concluded that patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Requiring insurance reimbursement for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

HB-907-HD-2

Submitted on: 3/14/2023 3:13:54 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ryan Kawaihani Ozawa	Individual	Support	Written Testimony Only

Comments:

Telehealth increases access to quality cancer care among populations that are underserved (e.g., residents of rural communities, individuals with limited income, patients with low health literacy, and people of color). It is especially important for access to healthcare services in rural areas or areas on the neighbor islands with limited broadband access. Even audio only telehealth can improve health equity and outcomes.

LATE

HB-907-HD-2

Submitted on: 3/14/2023 9:17:47 PM

Testimony for HHS on 3/15/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brian	Individual	Support	Written Testimony Only

Comments:

Please support HB907. In my experience, audio-only tele-mental health is a vital and critical (sometimes even life-preserving or life-saving) option for clients/patients who are unable or less likely to utilize in-person or video tele-mental health resources. Thank you very much for your time and consideration in this regard.