



**WRITTEN 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, S.D. 1, RELATING TO TELEHEALTH.

BEFORE THE:

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

DATE: Wednesday, March 29, 2023 **TIME:** 10:01 a.m.

LOCATION: State Capitol, Room 229

TESTIFIER(S): **WRITTEN TESTIMONY ONLY.**
(For more information, contact Erin N. Lau, Deputy Attorney
General, at 808-587-3050)

Chair Keohokalole and Members of the Committee:

The Department of the Attorney General (Department) is concerned that this bill in its current form will cause confusion with respect to the reimbursement of telehealth services. We strongly recommend the amendments set forth below.

This bill amends a medical assistance statute (section 346-59.1, Hawaii Revised Statutes (HRS)), several insurance statutes (sections 431:10A-116.3, 432:1-601.5, and 432D-23.5, HRS), and the practice of telehealth statute (section 453-1.3, HRS) to require reimbursement for services provided by a physician to a patient through the use of an "interactive telecommunications system." The bill defines "interactive telecommunications system" in a way that is confusing and ambiguous. For this bill to be implemented consistent with Medicare regulations and without confusion as to the meaning of terminology, the Department recommends that the Committee: (1) clarify the definition of "interactive telecommunications system," (2) clarify the definition of "telehealth," (3) clarify the conditions for reimbursement of "audio-only" telehealth, and (4) change all references in the relevant statutes from "face-to-face" to "in-person," as described below.

First, the definition of "interactive telecommunications system" should be clarified. The bill amends the statutes to add the same definition of "interactive telecommunications system" as follows:

"Interactive telecommunications system" has the same meaning as the term is defined in title 42 Code of Federal Regulations section 410.78(a), as amended; provided that, as used in the definition of "interactive telecommunications system", "two-way, real-time audio-only communication" is subject to the same meaning and conditions as in title 42 Code of Federal Regulations section 410.78, as amended.

Page 3, line 17, through page 4, line 2; page 7, lines 5-11; page 10, lines 10-16; page 13, line 19, through page 14, line 4; and page 16, lines 10-16 (emphases added). The words "as amended" in reference to 42 CFR § 410.78 make the definition ambiguous because 42 CFR § 410.78 has been amended several times, and the bill does not specify the amendment it relates to or whether it is intended to incorporate all future amendments. Incorporating the future law of another jurisdiction has been subject to challenge as an unlawful delegation of legislative power. *See State v. Tengan*, 67 Haw. 451 (1984).

In addition, the definition requires that "two-way, real-time audio-only communication" be "subject to the same meaning and conditions" as 42 CFR § 410.78, but this is ambiguous because 42 CFR § 410.78 does not specifically define this term. To clarify the definition of "interactive telecommunications system," we recommend striking the words "as amended" and striking the proviso with the reference to "two-way real-time audio-only communication" so that the definition in all five of these sections would read as follows:

"Interactive telecommunications system" has the same meaning as in title 42 Code of Federal Regulations section 410.78(a).

And with that change, we also recommend revising subsection (b) of section 346-59.1, HRS, in section 2 on page 2, lines 12-19, to insert the conditions set out in 42 CFR § 410.78 for reimbursement of a "two-way, real-time audio-only communication" so that 346-59.1(b) would read as follows:

(b) 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] in-person** 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 must 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.

Second, the amended definition of telehealth requires clarification. The current definition of "telehealth" explicitly excludes the use of "standard telephone contacts, facsimile transmissions, or email text[.]" See sections 346-59.1, 431:10A-116.3, 432:1-601.5, 432D-23.5, and 453-1.3, HRS. This bill, in sections 2, 3, 4, 5, and 6, amends the definition to allow for the use of standard telephone contacts, facsimile transmissions, or email text "**as otherwise provided for in this section.**" See page 5, lines 3-7; page 8, lines 11-15; page 11, lines 16-20; page 15, lines 4-8; and page 17, lines 17-20 (emphasis added). This amendment makes the definition of telehealth ambiguous because it references an exception that allows for the use of telephone contacts, facsimile transmissions, or e-mail text that does not exist. Instead, the bill adds a new term to the statutes, "interactive communications system" (as set out above), which includes a "two-way, real-time audio-only communication technology." Because different terms are used, it is not clear that the definition of telehealth includes an "interactive telecommunications system." To address the ambiguity, we recommend revising the definition of "telehealth" in sections 2, 3, 4, 5, and 6, on page 5, lines 3-4; page 8, lines 11-12; page 11, lines 16-17; page 15, lines 4-5; and page 17, lines 17-18 to read as follows: "~~[Standard]~~ Except as provided through an interactive telecommunications system, standard telephone contacts"

Third, the amendments to subsection (c) of sections 431:10A-116.3, 432:1-601.5, and 432D-23.5, HRS, in sections 3, 4, and 5 of the bill, as well as to subsection (h) of section 453-1.3, HRS, in section 6 of the bill, create a contradictory reimbursement condition for "two-way, real-time audio-only communication technology" by requiring an in-person **or telehealth** visit prior to the "audio-only" service. See page 5, line 11, through page 6, line 3; page 8, line 19, through page 9, line 15; page 12, lines 4-21; and page 15, line 12, through page 16, line 4. It is contradictory and confusing because the "**two-way, real-time audio-only** communication technology" is included within the

definition of "telehealth" and it is allowed as an exception to the use of "**standard telephone contacts**, facsimile transmissions, or email text" which would otherwise be excluded. This leads to a circular result that would allow for a "two-way, real-time audio-only communication technology" visit to fulfill the telehealth requirement prior to "the audio-only visit." In other words, these amendments would allow an "audio-only" visit to satisfy the prerequisite to an "audio-only" visit, which is illogical and contradictory. These amendments create further confusion when read with the bill's definition of "interactive telecommunications system." Specifically, the amendments require an in-person **or telehealth** visit prior to an initial "audio-only visit," but the bill's definition of "interactive telecommunications system" includes the conditions set out in 42 CFR § 410.78, which require an **in-person** visit prior the initial telehealth service. See 42 CFR § 410.78(b)(3)(xiv). 42 CFR § 410.78 does not allow for a **telehealth** service prior to the initial telehealth service. See *id.* We recommend that this Committee clarify the reimbursement conditions by removing the reference to 42 CFR § 410.78 from the definition of "interactive telecommunications system."¹

Accordingly, the Department provides the following recommended amendments to subsection (c) of sections 431:10A-116.3, 432:1-601.5, and 432D-23.5, HRS, in sections 3, 4, and 5:

(c) 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]~~ in-person contact between a health care provider and a patient[-]; provided that reimbursement 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 the patient's home shall be equivalent to eighty per cent of the reimbursement for the same services provided via in-person contact between a health care provider and a patient. To be reimbursed for telehealth via an interactive telecommunications system using two-way, real-time audio-only communication technology in accordance with this subsection, the health care provider shall first conduct with the patient an in-person visit, or a telehealth visit **that is not**

¹ Our recommendation is based on the assumption that it is the Senate's intention to not adopt the Medicare conditions for reimbursement because of the changes made in Senate Draft 1 of this bill. In House Draft 2 of this bill, the Department's recommendations to incorporate the Medicare conditions into the reimbursement amendments were adopted, but in Senate Draft 1, the Department's recommendations were removed and replaced with different conditions for reimbursement.

audio-only, within six months prior to the initial audio-only visit, or within twelve months prior to each subsequent audio-only visit. The telehealth visit required prior to the initial or subsequent audio-only visits in this subsection shall not be provided using audio-only communication.

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.

Consistent with that change, the Department recommends revising the amendments to subsection (h) of section 453-1.3, HRS, on page 15, line 12, through page 16, line 4, to read:

"(h) ~~[Reimbursement]~~ Unless otherwise provided by law, reimbursement for behavioral health services provided through telehealth shall be equivalent to reimbursement for the same services provided via ~~[face-to-face]~~ in-person contact between a health care provider and a patient.

Finally, the amendments to subsection (c) of sections 431:10A-116.3, 432:1-601.5, and 432D-23.5, HRS, in sections 3, 4, and 5, and subsection (h) of section 453-1.3, HRS, in section 6, use the term "face-to-face" to describe the reimbursement rate of behavioral health services using two-way, real-time audio-only communications technology, but use the term "in-person" to describe a type of visit that would occur prior to an audio-only visit. The addition of the term "in-person" implies an intent to distinguish between "face-to-face" and "in-person." "Face-to-face" means "within each other's sight or presence" or "in or into direct contact or confrontation,"² which may be interpreted to include visual contact in a remote setting, whereas "in-person" describes "something done by or with a person who is **physically present**."³ In other words, "face-to-face" simply indicates a visual contact, whereas "in-person" requires the physical presence of the other person. Our recommended amendments set out above, to subsection (b) of section 346-59.1, HRS, in section 2, subsection (c) of sections 431:10A-116.3, 432:1-601.5, and 432D-23.5, HRS, in sections 3, 4, and 5, and subsection (h) of section 453-1.3, HRS, in section 6, include the change from "face-to-face" to "in-person." Consistent with this change, we recommend additional technical

² *Face-to-face*, Merriam-Webster Online Dictionary, <https://www.merriam-webster.com/dictionary/face-to-face> (15 Mar. 2023).

³ *In Person vs. In-Person*, Merriam-Webster Online Dictionary, <https://www.merriam-webster.com/words-at-play/in-person-vs-in-person-usage-are-they-interchangeable> (15 Mar. 2023).

amendments to replace all uses of the term "face-to-face" with the term "in-person," as follows:

Section 3 of the bill should be revised to amend subsections (a) and (b) of section 431:10A-116.3, HRS, to read:

(a) It is the intent of the legislature to recognize the application of telehealth as a reimbursable service by which an individual shall receive medical services from a health care provider without [~~face-to-face~~] in-person contact with the health care provider.

(b) No accident and health or sickness insurance plan that is issued, amended, or renewed shall require [~~face-to-face~~] in-person contact between a health care provider and a patient as a prerequisite for payment for services appropriately provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. The coverage required in this section may be subject to all terms and conditions of the plan agreed upon among the enrollee or subscriber, the insurer, and the health care provider.

Section 4 of the bill should be revised to amend subsections (a) and (b) of section 432:1-601.5, HRS, to read:

(a) It is the intent of the legislature to recognize the application of telehealth as a reimbursable service by which an individual shall receive medical services from a health care provider without [~~face-to-face~~] in-person contact with the health care provider.

(b) No mutual benefit society plan that is issued, amended, or renewed shall require [~~face-to-face~~] in-person contact between a health care provider and a patient as a prerequisite for payment for services appropriately provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. The coverage required in this section may be subject to all terms and conditions of the plan agreed upon among the enrollee or subscriber, the mutual benefit society, and the health care provider.

Section 5 of the bill should be revised to amend subsections (a) and (b) of section 432D-23.5, HRS, to read as follows:

(a) It is the intent of the legislature to recognize the application of telehealth as a reimbursable service by which an individual shall receive medical services from a health care provider without [~~face-to-face~~] in-person contact with the health care provider.

(b) No health maintenance organization plan that is issued, amended, or renewed shall require [~~face-to-face~~] in-person contact between a health care provider and a patient as a prerequisite for payment for services appropriately provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. The coverage required in this section may be subject to all terms and conditions of the plan agreed upon among the enrollee or subscriber, the health maintenance organization, and the health care provider.

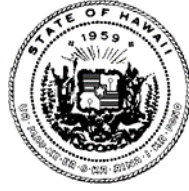
Section 6 of the bill should be revised to amend subsection (c) of section 453-1.3, HRS, to read as follows:

(c) Treatment recommendations made via telehealth, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional physician-patient settings that do not include a [~~face-to-face~~] in-person visit but in which prescribing is appropriate, including on-call telephone encounters and encounters for which a follow-up visit is arranged. Issuing a prescription based solely on an online questionnaire is not treatment for the purposes of this section and does not constitute an acceptable standard of care. For the purposes of prescribing opiates or certifying a patient for the medical use of cannabis, a physician-patient relationship shall only be established after an in-person consultation between the prescribing physician and the patient.

We do not recommend passage of this bill in its current form, and respectfully ask the Committee to consider the recommended amendments. We would be happy to assist in the drafting of a Senate Draft 2, so that this bill can be implemented as intended.

Thank you for the opportunity to testify.

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 27, 2023

TO: The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Commerce & Consumer Protection

FROM: Cathy Betts, Director

SUBJECT: [HB 907 HD2 SD1](#) – RELATING TO TELEHEALTH.

Hearing: March 29, 2023, 10:01 a.m.
Conference Room 229 & Videoconferencing, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports this measure, specifically Section 2, which amends section 346-59.1, Hawaii Revised Statutes, related to coverage for telehealth by the Medicaid program.

PURPOSE: The purpose of this bill is to temporarily allow for the reimbursement for services provided through an interactive telecommunication system and two-way, real-time audio-only communications for telehealth purposes, consistent with the 2023 Medicare Physician Fee Schedule, and impose certain reimbursement limits and conditions for private insurers. Repeals 12/31/2025. (SD1)

The Senate Committee on Health and Human Services amended HB 907 HD2 to conform with SB 1038 SD2 as the interested stakeholders had agreed on reimbursement for two-way real-time audio-only communication for private insurers incorporated into SB 1038 SD2 "Relating to Telehealth." Thus, HB 907 HD 2 was amended by:

- (1) Clarifying 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 between a health care provider and a patient; provided that reimbursement 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 equivalent to eighty per cent of the reimbursement for 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;
- (2) Clarifying that "interactive telecommunications system" has the same meaning as the term is defined in title 42 Code of Federal Regulations section 410.78(a), as amended; provided that, as used in the definition of "interactive telecommunications system," "two-way, real-time audio-only communication" is subject to the same meaning and conditions as in title 42 Code of Federal Regulations section 410.78, as amended;
 - (3) Clarifying that standard telephone contacts, facsimile transmissions, or e-mail text, in combination or alone, do not constitute telehealth services, except as otherwise provided in state law;
 - (4) Amending section 453-1.3, Hawaii Revised Statutes, to conform to the amendments made by this measure;
 - (5) Amending section I to reflect its amended purpose;
 - (6) Making it effective upon its approval; and
 - (7) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

DHS supports telehealth, including the Medicare definition and rules for "interactive telecommunication system." As drafted, Hawaii's law will align with federal regulations, and Hawaii's Medicaid program has the same quality standards for its members as Medicare has for its beneficiaries.

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



To: The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Committee on Commerce and Consumer Protection

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

Hearing: Wednesday, March 29, 2023, 10:01 AM, Conference Room 229

RE: **HB907 HD2 SD1 Relating to Telehealth**

AlohaCare appreciates the opportunity to provide testimony in **support of HB907 HD2 SD1 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 and Medicaid-Medicare dually-eligible 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 health needs.

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 mental health 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 SD1 with comments**.

1357 Kapiolani Blvd., Suite 1250, Honolulu, Hawaii 96814
Call: 973-0712 • Toll-free: 1-877-973-0712 • Fax: 808-973-0726 • www.AlohaCare.org

2023 Hawaii Leadership Board

Lori McCarney, Chair
Community Advocate

Dr. Pokii Balaz, Immediate
Past Chair
*Lunalilo Home
Kokua Kalihi Valley*

Tricia Medeiros, Past Chair
*Chief Operating Officer
The Plaza Assisted Living*

Gina Fujikami, MD
*The Queen's Medical
Center*

Stafford Kiguchi
*Executive Vice President
Bank of Hawaii
retired*

Travis Kikuchi
*Vice President and
Business Development and
Investment Officer
First Hawaiian Bank*

Kai Ohashi
*Financial Advisor
Edward Jones*

Michael Robinson
*Vice President
Hawaii Pacific Health*

Kimberly Soares
*Vice President
Atlas Insurance*

Gino Soquena
*Executive Director
Hawaii Building and
Construction Trade Council*

Gordon Takaki
*Past President
Hawaii Island Chamber of
Commerce*

Caroline Witherspoon
*President
Becker Communications*

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

Testimony to the Senate Committee on Health and Human Services Wednesday, March 29, 2023, 10:01 a.m. Hawaii State Capitol, Conference Room 229 and Videoconference

RE: House Bill No. 907, House Draft No. 2, Senate Draft No. 1, Relating to Telehealth

Chair Jarrett Keohokalole, Vice Chair Carol Fukunaga, 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, Senate Draft No. 1.**

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 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.

With this, 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



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

Senate Committee on Commerce and Consumer Protection
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Date: Wednesday, March 29, 2023

ACS CAN SUPPORTS HB 907 HD2 SD1 – 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 SD1 – RELATING TO TELEHEALTH. The American Cancer Society Cancer Action Network (ACS CAN) acknowledges the agreement between parties on this issue reflected in a measure that was approved on Third Reading by the Senate -- Senate Bill No. 1038, Senate Draft 2. However, that bill incorporated a defective effective date of December 31, 2050. House Bill No. 0907, was amended by the Senate Committee on Health and Human Services on March 23, 2023, by deleting its substance and inserting the substance of Senate Bill No. 1038, Senate Draft 2, but also correcting the defective effective date to make the bill effective upon approval. That version, House Bill No. 0907, Senate Draft 1, is the measure that is presently before this Committee.

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. Also, the state of Hawaii is currently experiencing a physician and specialist shortage felt especially on the neighbor islands. Audio only telehealth can improve health outcomes and 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 reflected in this current draft and SUPPORT 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.



March 27, 2023

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Testimony to the Senate Committee on Commerce and Consumer Protection

Wednesday, March 29, 2023; 10:01 am. State Capitol, Conf. Room 229 & via Videoconference

RE: House Bill 907 HD2 SD1 – RELATING TO TELEHEALTH

Aloha Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

On behalf of the Epilepsy Foundation of Hawaii (EFH), we urge your **SUPPORT** of **House Bill 907 HD2 SD1**, 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 its 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.

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 HD2 SD1** with proposed amendments.

Mahalo nui loa,

A handwritten signature in blue ink that reads "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.**



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

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

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

March 29, 2023 10:01 A.M. - VIA VIDEO CONFERENCE – Rm 229

Testimony in STRONG SUPPORT of HB907 HD2 SD1 RELATING TO TELEHEALTH

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB907 HD2 SD1, 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.

Our organization agrees to and supports the compromise language reached among multiple stakeholders and reflected in the current draft of this bill. This bill is the **only** audio-only telehealth vehicle still alive this legislative session; and will be effective upon its approval. We therefore strongly encourage its passage without change to its effectiveness date so that the benefits to our underserved may flow without delay.

We believe this agreement is the best chance Hawaii currently has to advance access and utilization of critical mental health treatment to marginalized populations 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.”**

Phone: (808) 291-5321 **Email:** hawaiianislandsmfts@gmail.com **Address:** PO Box 698 Honolulu, HI 96709 **Website:** www.hawaiimft.org **Social Media:** FB - @mfthawaii, IG - @hawaiimft

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



Hawaii Medical Association

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

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Date: March 29, 2023
From: Hawaii Medical Association
Bernard Robinson, MD, HMA Public Policy Committee

**Re: HB 907, HD2, SD1; 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. HMA appreciates the amendments aligning this measure with current federal standards.

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.

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

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

REFERENCES

1. Hsiao, V., Chandereng, T., Lankton, R. L., Huebner, J. A., Baltus, J. J., Flood, G. E., Dean, S. M., Tevaarwerk, A. J., & Schneider, D. F. (2021). Disparities in Telemedicine Access: A Cross-Sectional Study of a Newly Established Infrastructure during the COVID-19 Pandemic. *Applied Clinical Informatics*, 12(03), 445–458. <https://doi.org/10.1055/s-0041-1730026>
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>
4. Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule | CMS. (n.d.). [www.cms.gov.https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-finalrule](https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-finalrule)

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



March 15, 2023

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Senate Committee on Commerce & Consumer Protection

Re: HB 907 HD2 SD1– Relating to Telehealth

Dear Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 907 HD2 SD1, which allows for the reimbursement of services provided through telehealth via an interactive telecommunications system and two-way, real-time audio-only communications in certain circumstances and defines "interactive telecommunications system".

As an early supporter of telehealth access for our state, we believe in increasing access to health care services in Hawaii, especially for kupuna who may have limited digital literacy and for those living in rural and underprivileged communities where broadband coverage is lacking. HMSA supports the language in this bill that we worked on with community health care providers.

We appreciate this committee's efforts to include the compromise language in the Senate version of this bill (SB1038), which have now been incorporated in HB907 HD2 SD1. We respectfully request that this language remain along with the sunset date to ensure that we can ensure quality services and create opportunity for the legislature and community stakeholders to reevaluate any changes in regulations in the next few years and create alignment. This will ensure that we can continue to collect valuable data on changing regulations and on care provided by way of interactive telecommunications systems.

Thank you for the opportunity to provide testimony on HB 907 HD2 SD1.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

Wednesday, March 29, 2023, at 10:01 AM
Via Video Conference; Conference Room 229

Senate Committee on Commerce and Consumer Protection

To: Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

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

Re: **Testimony in Support of HB 907, HD2, SD1
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, SD1 which temporarily allows for the reimbursement of services provided through telehealth via an interactive telecommunications system and two-way real-time audio-only communication in certain circumstances. The measure contains a repeal date of December 31, 2025.

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.



**Testimony to the Senate Committee on Commerce and Consumer Protection
Wednesday, March 29, 2023; 10:01 a.m.
State Capitol, Conference Room 229
Via Videoconference**

RE: HOUSE BILL NO. 0907, HOUSE DRAFT 2, SENATE DRAFT 1, RELATING TO TELEHEALTH.

Chair Keohokahole, Vice Chair Fukunaga, 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, Senate Draft 1, RELATING TO TELEHEALTH.

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

This bill, as received by your Committee, would temporarily allow for the reimbursement for services provided through an interactive telecommunications system and two-way, real-time audio-only communications for telehealth purposes, consistent with the 2023 Medicare Physician Fee Schedule, and impose certain reimbursement limits and conditions for private insurers.

This bill would take effect upon its approval, and be repealed on December 31, 2025.

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.

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, Senate Draft 1
Wednesday, March 29, 2023; 10:01 a.m.
Page 3

We note that this agreement was reflected in a measure that was approved on Third Reading by the Senate -- Senate Bill No. 1038, Senate Draft 2. However, that bill incorporated a defective effective date of December 31, 2050. House Bill No. 0907, was amended by the Senate Committee on Health and Human Services on March 23, 2023, by deleting its substance and inserting the substance of Senate Bill No. 1038, Senate Draft 2, but also correcting the defective effective date to make the bill effective upon approval. That version, House Bill No. 0907, Senate Draft 1, is the measure that is presently before this Committee.

On behalf of the HPCA, I would like to thank the Senate for their steadfast commitment to finding a solution on this issue and their willingness to work with all of the parties for the benefit of our citizens.

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, 2020.], 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 this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaii psychology.org

Phone: (808) 521-8995

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

March 29, 2023 10:01 A.M. - VIA VIDEO CONFERENCE – Rm 229

The Hawai'i Psychological Association (HPA) strongly supports HB907 HD2 SD1 RELATING TO TELEHEALTH

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.

Our organization agrees to and supports the compromise language reached among multiple stakeholders and reflected in the current draft of this bill. This bill is the *only* audio-only telehealth vehicle still alive this legislative session; and will be effective upon its approval. We therefore strongly encourage its passage without change to its effectiveness date so that the benefits to our underserved may flow without delay.

We believe this agreement is the best chance Hawaii currently has to advance access and utilization of critical mental health treatment to marginalized populations 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.

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

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.”**

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.”**

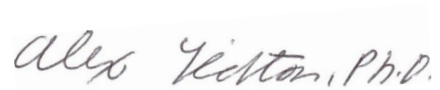
Following Federal Legislation in Telehealth Policy Assures Best Practices in Hawaii

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.

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

Sincerely,



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



HB907 HD2 SD1 Telehealth and Telephone

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Wednesday, Mar 29 2023: 10:01 am : Room 229 Videoconference

Hawaii Substance Abuse Coalition Supports HB907 HD2 SD1

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.



NATIONAL UNION OF HEALTHCARE WORKERS

866-968-NUHW • nuhw.org • info@nuhw.org

March 27, 2023

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Committee on Commerce and Consumer Protection
Conference Room 229 & Videoconference
State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: HB 907 HD2 SD 1 RELATING TO TELEHEALTH – **SUPPORT**

Dear Chair Keohokalole, Vice Chair Fukunaga and Members of the Committee,

The National Union of Healthcare Workers represents 16,000 healthcare workers, including nearly 5,000 behavioral health providers and the 50 behavioral health workers at Kaiser Permanente Hawaii which recently ended a 172 day open-ended strike. We write in support of HB 907 HD2 SD 1. This bill takes a crucial step in improving access to health care for patients across the state. With the COVID-19 pandemic, the need for telehealth services has become even more pressing, as patients have been unable or hesitant to seek in-person care. Telehealth services provide a safe and convenient way for patients to receive medical care, particularly in rural or underserved areas where access to healthcare is limited.

This bill will enable healthcare providers to offer telehealth services to their patients, expanding access to care and improving patient outcomes. It will also help to alleviate some of the financial and logistical burdens that have historically prevented patients from accessing care, particularly for those with disabilities or transportation barriers.

Our recent experience in Hawai'i, where NUHW-represented mental health clinicians went on a 172-day strike to demand improvements in access to care, highlights the urgent need for such a law. Even though the strike resulted in a contract that guaranteed wage increases, preserved pensions for new hires, and included provisions for bilingual therapists, it's still not enough to address the understaffing crisis that forces patients to wait months for mental health therapy.

Although not a comprehensive solution that addresses the systemic behavioral health care issues in the state of Hawaii, we believe this bill will help ensure that mental health care is more accessible and timely for all, which is essential for the well-being of patients and healthcare providers alike.

NORTHERN CALIFORNIA

1250 45th Street, Suite 200
Emeryville, CA 94608

SOUTHERN CALIFORNIA

225 W. Broadway, Suite 400
Glendale, CA 91204

SACRAMENTO

1121 L Street, Suite 200
Sacramento, CA 95814

WASHINGTON, D.C.

1100 Vermont Ave. NW, Suite 1200
Washington, D.C. 20005

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

March 29, 2023 10:01 A.M. - VIA VIDEO CONFERENCE – Rm 229

Testimony in Strong Support on HB907 HD2 SD1 RELATING TO TELEHEALTH

The National Association of Social Workers – Hawai'i (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.

Our organization agrees to and supports the compromise language reached among multiple stakeholders and reflected in the current draft of this bill. This bill is the **only** audio-only telehealth vehicle still alive this legislative session; and will be effective upon its approval. We therefore strongly encourage its passage without change to its effectiveness date so that the benefits to our underserved may flow without delay.

We believe this agreement is the best chance Hawaii currently has to advance access and utilization of critical mental health treatment to marginalized populations 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."**

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."**

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,

 Sonja Bigalke-Bannan, MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawaii'i Chapter

HB-907-SD-1

Submitted on: 3/24/2023 5:19:47 PM

Testimony for CPN on 3/29/2023 10:01:00 AM

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

Comments:

I am an Licensed Clinical Social Worker in private mental health practice writing in SUPPORT of HB907.

The Covid-19 pandemic has been a factor in contributing to the current mental health crisis. During the pandemic, we mental health professionals were forced to quickly adapt to the new world of video telehealth sessions. Unfortunately some people cannot access video services for a host of reasons including lacking broadband access and lacking a computer. For some people, audio only sessions are their only lifeline and means for accessing needed treatment services.

Benefits for both video and audion telehealth services should be maintained.

Aloha

Alan R. Spector, LCSW

Kaneohe

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

DATE: Wednesday, March 29, 2023, 10:01 AM

Re: HB 907, HD2, SD1 RELATING TO TELEHEALTH

Aloha Chair Keohokalole 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 allow 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 connection.

Linda Dorset
Wailuku Resident

HB-907-SD-1

Submitted on: 3/25/2023 11:16:08 AM

Testimony for CPN on 3/29/2023 10:01:00 AM

Submitted By	Organization	Testifier Position	Testify
Ryan Kawailani 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.

HB-907-SD-1

Submitted on: 3/25/2023 11:57:58 PM

Testimony for CPN on 3/29/2023 10:01:00 AM

Submitted By	Organization	Testifier Position	Testify
Cards Pintor	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support this bill.

Mahalo nui,

Cards Pintor

Kevin L. Johnson, Ko Olina, Hawai'i

Hawai'i Legislature
Senate Committee on Commerce and Consumer Protection
Wednesday, March 29, 2023, Conference Room 229, 1:00 p.m.

TO: The Honorable Jarrett Keohokalole, Chair
RE: Support for HB907, HD2, SD1

Thank-you for this opportunity to offer my full throated **support of HB 907, HD2, SD1 with 100% coverage for ALL conditions.** I testify today, as a former healthcare practitioner and a current patient but most importantly as a citizen with a belief that everyone deserves access to comprehensive healthcare.

Much of my time as a pharmacist, was spent on the telephone, counseling patients. We often delivered or mailed prescriptions to shut-ins and we had to use telecommunication to provide counseling and answer their questions. When I started, in 1979, we of course accomplished this with no face-time or zoom.

From a personal perspective, I have a chronic condition that while relatively minor, does require annual labs and monitoring to maintain control. Along with these tests comes a visit with my physician to discuss the test results and address plans going forward. Nothing about my condition is visually apparent. It only makes sense that this visit could be done over the phone and nothing about that makes it any less of my physician's practice than if I was physically or visually present.

Many Hawai'i residents do not have adequate broadband service. There are also many who may have the service but are unable to use it. During the pandemic, we learned newer communication methods are not adequate to reach everyone. Logging into the internet to report an illness, receive care or get a vaccination was simply a non-starter for countless folks. Requiring face-to-face communication for these people relegates them to second-class patients in the healthcare system.

I would further ask **reconsideration of the amendment for 80% mental health coverage.** Very often, these are the people least able to meet face-to-face with a practitioner. I am dubious whether this is actually a standard of care concern or simply an avenue for insurers to pay less. From my experience, their business model changed long ago from *insuring* patient health to ensuring shareholder wealth.

In order for all Hawai'i citizens to have equal access to the highest quality of healthcare, I would ask you to compassionately **support HB 907, HD2, SD1 with 100% coverage for ALL conditions.**

Sincerely,

Kevin L. Johnson

HB-907-SD-1

Submitted on: 3/26/2023 4:51:54 PM

Testimony for CPN on 3/29/2023 10:01:00 AM

Submitted By	Organization	Testifier Position	Testify
Gerard Silva	Individual	Oppose	Written Testimony Only

Comments:

This is all BUL SHIT . Way have a Doctor !!!!

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Nicole Endo
87-1003 Anaha Street
Waianae, Hawaii 96792
(808) 673-3889

March 28, 2023

Strong Support for HB907 HD2, which clarifies that telehealth services provided by way of an interactive telecommunications system including real-time audio-only communication (telephone) be reimbursed.

I am a 3rd-year Master's in Social Work (MSW) Graduate student at the University of Hawai'i at Mānoa Thompson School of Social Work and Public Health, specializing in the area of Gerontology. Most importantly, I am a caregiver to my aging father who has vascular dementia.

- I have witnessed the importance of telehealth in regard to accessible health care that makes doctor appointments easier.
- **I recall a psychotic episode my father had when he refused to leave his house for a doctor's appointment. Because of the accessibility of telehealth, he was able to still have an appointment and get the necessary resources he needed.**
- As a gerontological Social Worker, I recognize there are **extenuating factors that limit the older adult population in regard to medical appointments; which include:**
 - transportation barriers
 - the inability to operate equipment that requires technological know-how or manual dexterity
 - limited resources to purchase a smartphone, tablet, or computer
 - limited broadband coverage accessibility to those who live in rural areas of Hawaii

As a family caregiver, I have witnessed the benefits of audio-only communication with medical appointments. The inclusivity of all populations with obtaining accessible medical resources, such as regular check-in with PCPs or mental health appointments; will play a factor in increasing positive health outcomes with vulnerable populations (ex. older adults or disabled). There is a responsibility we all have to take care of Hawaii's vulnerable populations; therefore, we develop a telehealth environment here in Hawaii that allows **EVERYONE** accessibility to healthcare services. **Hence, I strongly support HB907 HD2**, which clarifies that telehealth services provided by way of an interactive telecommunications system including real-time audio-only communication (telephone) be reimbursed.

Respectfully,
Nicole Endo

Tuesday, March 28, 2023

Aloha,

My name is Brooke Oyadomari, and I am an intern at the Epilepsy Foundation of Hawai'i currently attending graduate school at The University of Hawai'i at Mānoa.

I am in SUPPORT of H.B. No. 907 HD2 SD1 - RELATING TO TELEHEALTH. The Epilepsy Foundation of Hawai'i currently serves approximately 14,000 individuals with epilepsy which includes approximately 2,000 children. According to the CDC, of the 3 million adults who suffer from epilepsy, approximately 1 million over the age of 55 are diagnosed with epilepsy. This drafted bill states that:

The purpose of this Act is to temporarily allow for the reimbursement for services provided through an interactive telecommunication system and two-way, real-time audio-only communications for telehealth purposes, consistent with the 2023 Medicare Physician Fee Schedule, and impose certain reimbursement limits and conditions for private insurers.

According to the [Urban and Rural Areas in the State of Hawaii, by County: 2010](#), there is an estimate of 110,000 people who live in rural areas in Hawai'i. If this bill is passed, the population living in rural areas will be able to access the healthcare support needed and reduce the rate of emergency life-threatening situations.

This is my earnest request for your consideration and support.

Mahalo,
Brooke Oyadomari



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

LATE

Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
Wednesday, March 29, 2023 at 10:01 a.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 SD1 – RELATING TO TELEHEALTH

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

Thank you for the opportunity to testify in **support** of HB 907 HD2 SD1, which temporarily allows for the reimbursement of services provided through telehealth via an interactive telecommunications system and two-way real-time audio-only communication in certain circumstances. The measure contains a repeal date of December 31, 2025.

Since 1999, the use and expansion of telehealth services and technology in Hawaii 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.



LATE

To: Committee on Commerce and Consumer Protection

Hearing Date/Time: Wednesday March 29th 10:01 AM

Re: Testimony in Support of HB 907 HD2 SD1

From: Heather Lusk, Hawaii Health and Harm Reduction Center

Dear Chair Keohokalole, Vice Chair Fukunaga and Members of the Committee

The Hawaii Health & Harm Reduction Center (HHHRC) supports HB 907 HD2 SD1 which authorizes reimbursement of telehealth services that are conducted through an interactive telecommunications system.

HHHRC's mission is to *reduce harm, promote health, create wellness and fight stigma in Hawaii and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities.

HHHRC's clients are often unhoused, struggling with chronic physical and behavioral health issues and have challenges with transportation and while video telehealth is preferred, there are times when a telephonic session is all the client has the capacity to do and this bill would allow us to seek reimbursement for these services through insurance instead of having to use unrestricted funds. We very much appreciate your consideration of this measure.

Thank you for the opportunity to testify.

Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center

HB-907-SD-1

Submitted on: 3/28/2023 11:50:33 AM

Testimony for CPN on 3/29/2023 10:01:00 AM

LATE

Submitted By	Organization	Testifier Position	Testify
Ann S. Yabusaki	Individual	Support	Written Testimony Only

Comments:

Thank you for hearing HB907.

I am a psychologist, and since the pandemic, I adjusted my home office and installed HIPAA compliant software to conduct telehealth sessions. I have found this mode of providing services extremely helpful and effective for clients. I have access to clients who are infirm or in rural areas or kupuna who are cautious about their health conditions, and others who are unable or unwilling to come to an in-person setting, Only in cases of emergency do I see clients in-person.

I hope we continue support and reimburse virtual sessions for clients as I can extend my services to many others I would not normally be of service.

Thank you for your support of this bill.

LATE

HB-907-SD-1

Submitted on: 3/28/2023 12:44:16 PM

Testimony for CPN on 3/29/2023 10:01:00 AM

Submitted By	Organization	Testifier Position	Testify
Benita Brazier	Individual	Support	Written Testimony Only

Comments:

Committee on Commerce & Consumer Protection,

Senator Jarrett Keohokalole Chair

Senator Carol Fukunaga, Vice Chairman

Aloha Senators,

My name is Benita Brazier and I am a resident of Oahu,

I Strongly support the passage of HB 907 HD 2 SD1,

Access to telehealth is extremely important for members of our communities and we need your support to make sure citizens have access to this form of communication.

I thank you very much for your support.

Benita Brazier

Honolulu,Hi

96817

Hawaii State Legislature

LATE

March 28, 2023

**TO: Senate Committee on Commerce and Consumer Protection
Chair Keohokalole, Vice Chair Fukunaga and Members of the Committee.**

H.B. No. 907 HD2 SD1: RELATING TO TELEHEALTH

Dear Chair Mark Nakashima, Vice Chair Scot Matayoshi, and Members of the Committee:

My name is Bernadette Pada, a graduate student with Myron B. Thompson School of Social Work and Public Health at the University of Hawaii at Manoa. I personally and respectfully submit the following testimony in STRONG SUPPORT of H.B. No. 907 HD2 SD1 which "permits, under certain conditions, the temporary reimbursement of services given through telehealth via an interactive telecommunications system and two-way, real-time audio-only communications. During the COVID-19 outbreak, demand for telehealth services increased dramatically. According to a 2020 study, telehealth usage increased from less than 1% of visits during the initial COVID-19 peak (March to April 2020) to as much as 80% in areas with a high pandemic prevalence.² A recent ASPE report also found that Medicare telehealth usage increased 63-fold between 2019 and 2020 (Karimi et al., 2022).

As a member of the Waimanalo Community we have a huge population of the kupuna's with little to no knowledge of accessing technology. This bill protects and provides access to telehealth care for all populations including those living in rural areas with limited access to transportation. This also gives patients with anxiety or other disabilities the opportunity to speak freely without the pressure of making face to face contact that would otherwise stop them from seeking help. COVID-19 has negatively impacted our overall health. Bridging the gap and making healthcare available via telehealth has positively impacted our communities. Taking that away would be detrimental to all the progress we have made making it through the pandemic.

Personally, I would love to have the option to have a session with my healthcare provider over the phone instead of having to be on the spruce app. In therapy there are some days that I struggle with sharing difficult things when I have to look at my therapist face to face. It would provide so much comfort to be able to pick up the phone and have a session without the pressure of having to look at my therapist. I humbly ask that providers be allowed reimbursement of services offered through telehealth through various ways of telecommunications. Let's continue to be leaders and supporters of accessibility to healthcare for all. Thank you for the opportunity to submit my testimony is FULL SUPPORT of H.B. No. 907 HD2 SD1.

Mahalo,

Bernadette Pada, BSW
MSW Student, UH Manoa