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GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
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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

February 2, 2023

TO: The Honorable Representative Della Au Belatti, Chair
House Committee on Health & Homelessness

FROM: Cathy Betts, Director

SUBJECT: **HB 907 – RELATING TO TELEHEALTH**

Hearing: February 3, 2023, 9:00 a.m.
Conference Room 329 & Videoconferencing, State Capitol

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

PURPOSE: The purpose of this measure is to conform the State's law regarding telehealth to the Medicare standards by clarifying that telehealth services provided by way of an interactive telecommunications system be reimbursed.

DHS supports telehealth, including the Medicare definition and rules for "interactive telecommunication system." However, as written, the bill does not conform Hawaii's law to Medicare standards since it does not 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\(a\)\(3\)](#), bold emphasis added.

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 listed in [42 CFR 410.78 \(b\)](#). Subsection (b) describes the documentation requirements for audio-only visits and that in-person visits should precede and follow audio-only visits with set frequency. Medicare regulations state that these additional conditions are necessary to protect the patient's health and safety, assure the quality of care, and ensure program integrity. Therefore, only mandating the adoption of the Medicare definition of "Interactive telecommunications system" on page 4, lines 9-11, of this measure does not conform Hawaii's telehealth rules to the federal standards. The proposed definition does not provide the same quality standards Medicare requires for its beneficiaries.

Therefore, we request an amendment to include a reference to "two-way real-time audio-only communication" on page 4, lines 9-11, to read:

"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, and "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.

Hawaii's law will remain aligned with federal regulations by referring to the CFR without requiring additional state law amendments.

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



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
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Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health and Homelessness
Friday, February 3, 2023
9:30 a.m.**

State Capitol, Conference Room 329 and via Videoconference

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

Chair Belatti and Members of the Committees:

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

The purpose of this bill is to conform the State's law regarding telehealth to Medicare standards by clarifying that telehealth services provided by way of an interactive telecommunications system be reimbursed.

By inserting the phrase "by way of an interactive telecommunications system" at page 6, line 2, page 8, line 17, and page 11, line 9, this bill would exclude any telehealth services from reimbursement that do not meet the new definition of "interactive telecommunication system".

Further, the amendments to the definition of "telehealth" at page 8, lines 8 to 10; page 10 line 21 to page 9, line 2; and page 13 lines 16 to 18, presume that the bill brings standard telephone contacts, facsimile transmissions, or electronic mail text not

the definition of “telehealth”. However, the bill makes no such amendment. This may lead to confusion and statutory interpretation issues.

Thank you for the opportunity to testify on this bill.



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Health & Homelessness
Friday, February 3, 2023 at 9:30 a.m.

By

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

And

Michael Bruno, Provost
University of Hawai'i at Mānoa

HB 907 – RELATING TO TELEHEALTH

Chair Belatti, Vice Chair Takenouchi, and Members of the Committee:

Thank you for the opportunity to testify in **strong support** of HB 907 which conforms the State's law regarding telehealth to the Medicare standards by clarifying that telehealth services provided by way of an interactive telecommunications system be reimbursed.

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.



**Testimony to the House Committee on Health and Homelessness
Friday, February 3, 2023; 9:30 a.m.
State Capitol, Conference Room 329
Via Videoconference**

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

Chair Belatti, Vice Chair Takenouchi, 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, 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:

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

This bill would apply to Medicaid (Chapter 346, Hawaii Revised Statutes (HRS)), accident an health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS).

This bill would also take effect upon approval.

This issue is fundamentally one of equity for the patients who are covered by private insurance with those who are covered by Medicare and Medicaid.

Testimony on House Bill No. 0907
Friday, February 3, 2023; 9:30 a.m.
Page 2

We firmly assert that private insurers cannot justify why benefits that are required under Medicare and Medicaid should not likewise be required for private insurers.

Last year, we testified before the Senate Joint Committee on Commerce and Consumer Affairs and Ways and Means on House Bill No. 1980, that despite good faith efforts on our part to work on a compromise that would ensure access while addressing insurer concerns on loss costs, HMSA declined to participate.

Since then, we successfully reached out to HMSA and have engaged in constructive discussions that are ongoing. It is our hope that these discussions will result in an outcome that will be agreeable to all. For that, we thank HMSA for working with us and commend them for their efforts in this regard.

For the purpose of facilitating continued discussions on this issue, the HPCA respectfully 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.

COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

Friday, February 3, 2023 - 9:30AM - Via Videoconference – Rm 329

Testimony in Strong Support on HB907 RELATING TO TELEHEALTH

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports this measure, which conforms state telehealth law to the medicare and medicaid standards for the reimbursement of audio-only mental health treatment by using the federal definition of “interactive telecommunications system”.

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.

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.**”

Language to Address those Unable to Comply with In-Person Requirements

We note that the current federal rule under 42 CFR 410.78 has certain in-person requirements that nationwide advocates are pushing to remove; so we anticipate the rule will undergo further revisions.

To address the concerns sought to be remedied by the federal in-person requirements, but to also enable those who might never see their provider if required to meet them in person, we respectfully request this committee to consider the following amendment:

“Provided that any in-person meeting requirements in the effective federal definition of “interactive telecommunications system” may be satisfied by:

- (a) a timely consultation between the mental health provider and the patient’s primary care provider who will satisfy the relevant in-person requirement;**
- (b) an audio-visual meeting for providers who operate exclusively remote practices; or**
- (c) a documented request for a waiver detailing a hardship (illness, injury, condition) that sufficiently hinders the patient’s ability to meet their provider in-person.”**

If, however, such an amendment should cause confusion, reduce the effectiveness of this law, or further restrict access to care, we prefer that the original language continue to advance – and thus defer to the wisdom of the legislature.

There is such great demand and such a limited supply of providers, we want to enable and bolster all the methods that can be employed in addressing Hawaii’s mental health needs. We therefore strongly support this proposal as it improves access to quality mental health services – especially to our vulnerable populations. If they prefer and respond most favorably to treatment administered via the telephone, we should be removing barriers to such care.

Thank you for the opportunity to provide this testimony in support

Sincerely,

 MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawaii’i Chapter



Hawai'i Psychological Association

For a Healthy Hawai'i

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COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

February 3, 2023 10:30 A.M. - VIA VIDEO CONFERENCE – Rm 329

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

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.

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.**”

HAWAII'S VULNERABLE POPULATIONS UNDER CURRENT FEDERAL RULE

We believe establishing the federal definition of telehealth as a standard for Hawaii-based coverage for mental health services carefully balances access, care, equity, utilization, and costs. However, some vulnerable populations here in Hawaii are at risk of slipping through the cracks of the current federal in-person meeting requirements (within 6 months before initiating; and

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

every 12 months thereafter) for mental health treatments conducted via telehealth. These include our Kupuna and rural residents.

To address this, we offer the following amendment; however, should this language create ambiguity that further restricts coverage or access, or otherwise challenges the effectiveness of this bill, we prefer to see just the original language advance.

"Provided that any in-person meeting requirements in the effective federal definition of "interactive telecommunications system" may be satisfied by:

- (a) a timely consultation between the mental health provider and the patient's primary care provider who will satisfy the relevant in-person requirement;
- (b) an audio-visual meeting for providers who operate exclusively remote practices; or
- (c) a documented request for a waiver detailing a hardship (illness, injury, condition) that sufficiently hinders the patient's ability to meet their provider in-person."

Nevertheless, we believe this bill is crucial to improving patient outcomes, expediting timely service, and ultimately reducing costs and unnecessary administrative functions. HPA thus supports such an effort and greatly appreciates legislative action to ensure old tools, like the standard telephone, are available to assure adequate lines of communication stay open; and that necessary treatment is available 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 the more remote neighbor islands or in rural areas - out of reach of necessary broadband network capabilities.

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

Sincerely,



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

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 House Committee on Health and Homelessness Friday, February 3, 2023, 9:30 a.m. Hawaii State Capitol, Conference Room 329 and Videoconference

RE: House Bill No. 907, RELATING TO TELEHEALTH

Chair Della Au Belatti, Vice Chair Jenna Takenouchi, and Members of the Committee:

I am Ron Shimabuku, newly on-boarded Director of Public Policy and Advocacy for the Alzheimer's Association. I am here to testify in **support of House Bill No. 907**.

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.

Alzheimer's disease is a public health crisis across the country. In Hawaii, approximately 29,000 individuals aged 65 and older live with Alzheimer's. By 2025, this figure is projected to increase by 20.7%. In addition, many are experiencing subjective cognitive decline — one of the earliest warning signs of future dementia. In 2020, 6.7% of individuals aged 45 and over reported an increase in confusion or worsening memory loss, putting them at risk of later developing dementia.

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.

With this, the Alzheimer's Association respectfully urges your favorable consideration of this bill.

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

Mahalo,



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

HB-907

Submitted on: 2/1/2023 3:53:36 PM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

Section 1 of the Bill very aptly sets out the problem and the solution. Telephonic mental health services can be a lifeline for a person with a mental health issue. We believe it should be appropriately covered and reimbursed.



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

House Committee on Health & Homelessness
Representative Della Au Belatti, Chair
Representative Jenna Takenouchi, Vice Chair

Hearing Date: Friday, February 3, 2023

ACS CAN SUPPORTS HB 907 – 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 – RELATING TO TELEHEALTH.

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

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

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

ACS CAN, through the Survivor Views program, asked a cohort of cancer patients and survivors about their experience with and interest in telehealth. Overwhelming majorities of cancer patients and survivors who have had telehealth visits believed their issues and questions were well-addressed. 55% of respondents had a phone visit and 43% had a video visit with a telehealth provider about an issue related to their cancer care that otherwise would have been an in-person office visit (not a prescription refill or appointment booking). In both cases, 94% said their issues and questions were addressed well.

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



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

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

COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

Friday, February 3, 2023 - 9:30AM - Via Videoconference – Rm 329

Testimony in STRONG SUPPORT of HB907 RELATING TO TELEHEALTH

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB907, 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 a federal level.

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.

“Telehealth” Innovation Should Not Forfeit Access 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

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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.**"

Stop-Gap Amendments to Consider

The following is offered as an important factor we would like acknowledged; but not at risk of sacrificing the thrust of this proposal – which is to pin the provision and reimbursement of audio-only mental health services in Hawaii on the federal definition of telehealth.

The most recent version (January 25, 2023) of 42 Code of Federal Regulations section 410.78 requires an in-person session within 6 months of initiating mental health treatment, and every 12 months thereafter. It's our understanding that strong advocacy efforts on the federal level are underway to remove these requirements.

Of concern are patients of providers with exclusively remote practices, who never engage in in-person therapy; and patients who experience tremendous hardship traveling to their providers' offices (elderly or rural residents). Some of Hawaii's unique marginalized groups will fall through the cracks of the current federal definition.

To help catch those at risk of losing access, we humbly suggest the following amendment to work with the realities of Hawaii's healthcare environment and geographical circumstances; and that will satisfy the concerns driving these in-person requirements:

"Provided that any in-person meeting requirements in the effective federal definition of "interactive telecommunications system" may be satisfied by:
(a) a timely consultation between the mental health provider and the patient's primary care provider who will satisfy the relevant in-person requirement;
(b) an audio-visual meeting for providers who operate exclusively remote practices;
or
(c) a documented request for a waiver detailing a hardship (illness, injury, condition) that sufficiently hinders the patient's ability to meet their provider in-person."

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



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HOUSE COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

Date: February 3, 2023

From: Hawaii Medical Association

Beth England MD, Co-Chair, HMA Public Policy Committee

Re: HB 907 Relating to Telehealth

Position: Support

Physicians have rapidly adopted telemedicine technologies to better serve our population. We often connect with patients via telemedicine to provide preventive and chronic disease services. Experience shows that many patients, due to limited understanding and/or access to technology and internet services, prefer audio-only interaction.

The time and staffing resources physicians put into telephone visits with patients is on par with video visits. While video telehealth appointments have offered an important alternative for patients, audio-only visits for mental health provide a means for our most marginalized communities to access care. Patients who are elderly, on Medicaid, non-English speaking and/or have limited internet access patients are more likely to use audio-only services than video visits.

Payment parity for audio-only telemedicine for mental health care is fair and appropriate. This will increase access to care for Hawaii's most vulnerable communities, improve health, and in doing so, reduce long-term costs. Thank you for allowing Hawaii Medical Association to testify in support of this measure.

REFERENCES

Chen, J., Li, K.Y., Andino, J. et al. Predictors of Audio-Only Versus Video Telehealth Visits During the COVID-19 Pandemic. J GEN INTERN MED(2021).

<https://doi.org/10.1007/s11606-021-07172-y>

Volk J et al. States' Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations. The Commonwealth Fund. Commonwealthfund.org. June 23 2021.

HMA OFFICERS

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



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www.hawaiimedicalassociation.org

O'Reilly KB. Amid pandemic, CMS should level field for phone E/M visits. ama-assn.org. Apr 20, 2020.

State Telehealth Laws and Reimbursement Policies Report, Fall 2021. CCHPCA.org.
October
2021.

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The State Legislature
The House Committee on Health and Homelessness
Friday, February 3, 2023
9:30 a.m.

TO: The Honorable Della Au Belatti, Chair
RE: Support for H.B. 907 Relating to Telehealth

Aloha Chair Belatti and Members of the Committees:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social mission organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and nearly 140,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families, including telehealth. **AARP strongly supports H.B. 907** which clarifies that telehealth services provided by way an interactive telecommunications system including real time audio-only communication(telephone) be reimbursed.

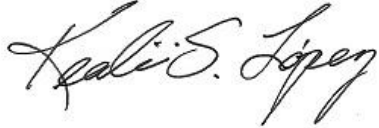
AARP fights for issues that matter most to families such as healthcare, family caregiving and independent living and believes no one's possibilities should ever be limited by their age and seeks to find new solutions so that more people can live and age as they choose. Among these issues is access to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

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

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

Thank you very much for the opportunity to testify in support of H.B 907.

Sincerely,

A handwritten signature in black ink, reading "Keali'i S. López". The signature is written in a cursive style with a large, sweeping initial "K".

Keali'i S. López
State Director



February 2, 2023

The Honorable Della Au Belatti
Chair, House Committee on Health & Homelessness
Hawaii House of Representatives
Conference Room 329
State Capitol
415 South Beretania Street
Honolulu, HI 96813
repbelatti@capitol.hawaii.gov

The Honorable Jenna Takenouchi
Vice-Chair, House Committee on Health & Homelessness
Hawaii House of Representatives
Conference Room 329
State Capitol
415 South Beretania Street
Honolulu, HI 96813
reptakenouchi@capitol.hawaii.gov

RE: ATA ACTION SUPPORT WITH AMENDMENT OF H.B. 907

Dear Chair Belatti and Vice-Chair Takenouchi,

On behalf of ATA Action, I am writing you to express our support with amendment of House Bill 907 relating to Medicaid and insurance coverage for telehealth.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

House Bill 907 would amend the Social Services and Insurance Codes to define “interactive telecommunications systems” as modalities that audio and video equipment permitting two-way, real-time interactive communications between patients and providers unless the provider is delivering mental health services, in which case two-way, real-time audio-only modalities qualify as interactive telecommunications systems. The legislation also includes standard phone contacts in the list of technologies which are not considered telehealth services.

ATA ACTION

901 N. Glebe Road, Ste 850 | Arlington, VA 22203
Info@ataaction.org



While we approve of the Legislature's efforts to enable providers delivering mental health services to utilize audio-only technologies while delivering virtual care, we urge the Legislature to adopt a truly technology-neutral definition of telehealth. Our organization believes that telehealth providers should be able to use the full range of innovative technologies at their disposal so long as the technologies being used are sufficient to meet the standard of care for the condition presented by the patient. We maintain that state policymakers should refrain from implementing policies which disfavor certain modalities, such as standard telephone contacts and emails, instead deferring to the licensed providers delivering virtual care as to which technologies are appropriate for use in any given telehealth interaction under the applicable standard of care.

Precluding standard phone contacts from the list of modalities considered telehealth services will make it more difficult for Hawaiians to receive high-quality health care. According to BroadbandNow, an organization that monitors Internet accessibility in all 50 states, although nearly all Hawaiian have access to broadband internet, eight in ten Hawaiians are not able to purchase broadband at an affordable price. By enabling Hawaiians to receive telehealth services through the use of audio-only technologies, the Legislature would ensure that unserved and underserved citizens, particularly those in rural and remote areas, receive the same level of access to high-quality health care as those who are able to take advantage of more reliable internet connections.

As far as the rate of reimbursement for telehealth services provided via interactive telecommunications systems is concerned, ATA Action believes that policymakers should set rational guidelines that are both fair to the provider of such services and reflect the cost savings the effective use of telehealth technologies offers to the health care system. In some instances, reimbursement parity may be appropriate; in other instances, it may not. We suggest including language which prohibits health care plans from requiring providers to accept reimbursement amounts greater than the amount these providers are willing to charge.

Thank you for the opportunity to comment. We urge the Committee to support House Bill 907 with the suggested amendment to expand Hawaiians' access to high-quality, affordable health care and drive better care coordination throughout the state. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", written in a cursive style.

Kyle Zebley
Executive Director
ATA Action

ATA ACTION

901 N. Glebe Road, Ste 850 | Arlington, VA 22203
Info@ataaction.org



KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Friday, February 3, 2023, at 9:30AM
Via Video Conference; Conference Room 329

House Committee on Health & Homelessness

To: Representative Della Belatti, Chair
Representative Jenna Takenouchi, Vice Chair

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

Re: **Testimony in Support of HB 907
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 which clarifies that telehealth services provided by way of an interactive telecommunications system be reimbursed, conforming State law on telehealth to the Medicare standards.

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.



February 3, 2023

The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Health & Homelessness

Re: HB 907 – Relating to Telehealth

Dear Chair Au Belatti, Vice Chair Takenouchi, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 907, which will conform the State's law regarding telehealth to the Medicare standards by clarifying that telehealth services provided by way of an interactive telecommunications system be reimbursed.

HMSA supports the intent of this legislation; however, we do not support this bill in its current form. 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.

Here are some of our concerns regarding this legislation:

- There's currently no data to show that the quality of care provided by way of an interactive telecommunications system without a visual element is as effective as in-person or telehealth visits. Because of that, reimbursement for an audio-only visits should not be equivalent to when that same service is provided service via face-to-face contact.
- Additionally, behavioral health providers obtain valuable insights during a face-to-face interaction. These include facial expressions, body language, and even a patient's living conditions. Considering that, HMSA supports requiring guardrails similar to those observed by CMS, which include an in-person visit 6 months prior to audio-only interactions and every 12 months after these visits.¹ To acknowledge the challenge that in-person visits could present for some patients, HMSA would support substituting a telehealth visit as a way of fulfilling the in-person requirement.
- We also support including a sunset date to this legislation of 12/31/24, the same date that CMS is ending several temporary telehealth extensions. This will allow time to gather data to better determine the value and effectiveness of audio-only visits for behavioral health.

We're currently working with our attorneys to draft amendments for the Chair's consideration. We respectfully ask that you defer decision making to allow us to meet and propose those amendments to the supporters of this measure.

Thank you for the opportunity to provide comments on HB907.

Sincerely,

¹ MM12549 - CY2022 Telehealth Update Medicare Physician Fee Schedule (cms.gov)
<https://www.cms.gov/files/document/mm12549-cy2022-telehealth-update-medicare-physician-fee-schedule.pdf>



A handwritten signature in black ink, which appears to read 'Jennifer A. Diesman'. The signature is fluid and cursive, with the first name being the most prominent.

Jennifer A. Diesman
Senior Vice President
Government Policy and Advocacy

To: The Honorable Representative Della Au Belattie, Chair of the House on Health and Homelessness

Subject: H.B. NO. 907 Relating to Telehealth

Hearing: February 3, 2023 at 9:30am

Aloha Representative Au Belattie, Chair; Representative Takenouchi, Vice Chair; and Committee Members. Please accept my testimony supporting HB907.

As a current Emergency Department (ED) Staff Nurse (RN) and a current Doctorate of Nurse Practitioner candidate at the University of Hawaii-Hilo, I am in **strong support** of this bill to recognize that telehealth services (THS) is effective in managing one's health. Especially among those who require chronic disease management (CDM). The following examples of chronic diseases are the following: 1) Mental Health (e.g., depression, PTSD, and anxiety); 2) heart diseases (e.g., heart failure); 3) lung disease (e.g. COPD); 4) Cancer; and 5) Diabetes.

During the COVID-19 pandemic, I have personally witnessed patients be admitted for undermanagement of their chronic diseases from home and then admitted into hospital. Some which would require life support because of organ failure.

Those who reside in rural areas also face an increased risk of acquiring chronic diseases because of environmental conditions which lack access to preventive care and disease management services (1). In addition, those who require CDM also require specialized providers such as a cardiologist, nephrologist, pulmonologist, obstetrician, podiatrist, and more. Rural health areas do not have access to specialized providers on island. The island of Molokai and Lanai are limited with flight services since Mokulele Airlines is the one and only air service provider. Which makes transportation to Oahu extremely difficult for families. Costs, and time constraints is overwhelming for most families which influences their decision to stay home and wait longer to fly to Oahu to see their special provider.

Prior reimbursement policies related to THS prevented primary care providers from shifting towards innovative technologies that manage chronic diseases. Today, innovative technologies have proven to be effective in managing the complexities of one's health which can also bring specialized providers into one space and allow each provider to focus on a complex case which will require long-term management. This can also limit the need for flight services that can be costly and time consuming for outer island residents.

In addition, it is anticipated by 2033, provider shortages across the nation will have a shortfall of 139,000 (2). Two factors is due to the onset of physician shortages since COVID-19. Physician to patient ratio will not meet the supply and demands. There will be a 45% increase among those aged 65 and older. Among this age group, most will require specialized care.

I humbly ask that you consider these factors and the strain it will take on our health care system today and into the future.

Mahalo for the opportunity to provide this testimony and thank you for your enduring support to promote the health and safety of Hawaii residents.

Respectfully,
Autumn U. Dowling, RN, BSN, DNP ©

1. Social Determinants of Health. Social Determinants of Health - Healthy People 2030. (2022). Retrieved January 31, 2023, from <https://health.gov/healthypeople/priority-areas/social-determinants-health>
2. Boyle, P., & Writer, S. S. (2020, June 26). *U.S. physician shortage growing*. Association of American Medical College. Retrieved February 2, 2023, from <https://www.aamc.org/news-insights/us-physician-shortage-growing>

HB-907

Submitted on: 2/1/2023 3:58:56 PM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dr. Guy Yatsushiro	Individual	Support	Written Testimony Only

Comments:

Support

HB-907

Submitted on: 2/1/2023 4:09:32 PM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dara Yatsushiro	Individual	Support	Written Testimony Only

Comments:

Stand in SUPPORT

HB-907

Submitted on: 2/1/2023 9:56:10 PM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Christina Swafford	Individual	Support	Written Testimony Only

Comments:

I support audio-only telehealth sessions. This would be extremely helpful for our clients who live in rural areas and have limited access to internet.

HB-907

Submitted on: 2/2/2023 6:57:39 AM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
lori stitt	Individual	Support	Written Testimony Only

Comments:

now more than ever people need access to mental health support. many people can be assisted through telephone only (audio) support whereas video and in person are not feasible/appropriate options for all.

HB-907

Submitted on: 2/2/2023 8:31:05 AM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Hannah LeMans	Individual	Support	Written Testimony Only

Comments:

Aloha,

This bill is integral to supporting our community of Hawai'i. I feel this will create more opportunities for our rural clients immensely. Please support this bill.

Mahalo.

HB-907

Submitted on: 2/2/2023 12:33:58 PM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tamar Kreps	Individual	Support	Written Testimony Only

Comments:

This bill would help to extend health care access to currently underserved populations that may not have stable Internet access. Audio-only telehealth may not be ideal in many circumstances, but all of us health care providers have made progress in being able to provide quality services remotely, and audio-only care is much better than nothing and is often vital for people with limited access to in-person care. Video telehealth platforms, while better than they used to be, continue to need a high-quality Internet connection to work well. For some clients, the quality of audio-only care will truly be better than the quality of a health care visit with a glitchy, distracting, and stressful video connection.

HB-907

Submitted on: 2/2/2023 12:58:09 PM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Danni Sutana Gardner	Individual	Support	Written Testimony Only

Comments:

I strongly support HB907, 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 a federal level.

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.

“Telehealth” Innovation Should Not Forfeit Access 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.**”

Stop-Gap Amendments to Consider

The following is offered as an important factor we would like acknowledged; but not at risk of sacrificing the thrust of this proposal – which is to pin the provision and reimbursement of audio-only mental health services in Hawaii on the federal definition of telehealth.

The most recent version (January 25, 2023) of 42 Code of Federal Regulations section 410.78 requires an in-person session within 6 months of initiating mental health treatment, and every 12

months thereafter. It's our understanding that strong advocacy efforts on the federal level are underway to remove these requirements.

Of concern are patients of providers with exclusively remote practices, who never engage in in-person therapy; and patients who experience tremendous hardship traveling to their providers' offices (elderly or rural residents). Some of Hawaii's unique marginalized groups will fall through the cracks of the current federal definition.

To help catch those at risk of losing access, we humbly suggest the following amendment to work with the realities of Hawaii's healthcare environment and geographical circumstances; and that will satisfy the concerns driving these in-person requirements:

“Provided that any in-person meeting requirements in the effective federal definition of “interactive telecommunications system” may be satisfied by:

- 1. a timely consultation between the mental health provider and the patient's primary care provider who will satisfy the relevant in-person requirement;**
- 2. an audio-visual meeting for providers who operate exclusively remote practices; or**
- 3. a documented request for a waiver detailing a hardship (illness, injury, condition) that sufficiently hinders the patient's ability to meet their provider in-person.”**

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,

Danni Sutana Gardner

HB-907

Submitted on: 2/2/2023 7:56:56 AM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Maria Mitsioura	Individual	Comments	Written Testimony Only

Comments:

I am writing in strong support of HB907. Many clients are limited in their resources and audio-only telehealth would allow us to serve our rural populations.

Thank you,

Maria



**Written Testimony to the Senate Committee on Health & Homelessness
Rep. Della Au Belatti, Chair
Rep. Jenna Takenouchi, Vice Chair
Friday, February 3, 2023 - 9:30AM - Via Videoconference – Rm 329**

SUBJECT: Testimony in STRONG SUPPORT of HB907 RELATING TO TELEPHONIC SERVICES

Aloha Chair Belatti and Vice Chair Takenouchi,

The Hawaii Parkinson Association (HPA) **STRONGLY SUPPORTS** HB907 – Relating to Telephonic Service.

Parkinson's is an incurable disease. The best that can be done is to treat the symptoms so people with Parkinson's can live the best life possible.

There are three methods for healthcare providers to treat patients - in-person visits and via video and audio telemedicine. In-person visits and video telemedicine are widely accepted as effective treatment methods. Audio telemedicine is still being widely debated.

However, as confirmed by recent research from the Pandemic, access to audio telemedicine is critical to treating vulnerable groups of patients: (1) the elderly; (2) low-income; (3) mobility- challenged; (4) limited English proficient; and (5) rural residents. The disparities are evident between the patients who use audio-only/telephone calls vs. the videoconferencing technologies of telehealth – during the pandemic - has been thoroughly researched and recognized.

*A proposed compromise position is to authorize audio telemedicine by landline only. This compromise would artificially limit access to audio telehealth as the CDC's National Health Interview Survey (NHIS) Early Release Program **estimates in for the first six months of 2022 reveal 70.7% of adults and 81.7% of children lived in wireless-only households.** Including a landline only requirement would severely restrict access to audio telemedicine to only 30% of adults and 20% of children. {{A copy of National Health Interview Survey Early Release Program release is available upon request}}.*

Should you have any questions, please do not hesitate to contact me at jboster@parkinsonshaawaii.org or 808-477-9460.

Thank you for the opportunity to testify in STRONG SUPPORT of this measure.

A handwritten signature in black ink, appearing to read "Jerry Boster".

Jerry Boster
President, Hawai'i Parkinson Association