

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

February 12, 2023

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

FROM: Cathy Betts, Director

SUBJECT: [SB 1038](#) – RELATING TO TELEHEALTH.

Hearing: February 13, 2023, 1:00 p.m.  
Conference Room 225 & Videoconferencing, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) offers comments on Section 2 and proposes an amendment.

**PURPOSE:** The bill's purpose clarifies reimbursement for services provided through telehealth via an interactive telecommunications system. Defines "interactive telecommunications system." Clarifies that, for services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in the patient's home, interactive telecommunications may include audio-only communication in certain circumstances.

DHS supports telehealth, including the Medicare definition and rules for "interactive telecommunication system." However, as written, the bill does not align Hawaii's law to Medicare's definition of "interactive telecommunication standard" since it does not cite the full definition included in the Medicare final rule for "interactive telecommunication system" under 42 CFR 438.10(a). 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 bolded sections were not cited in the definition (pg 3-4, lines 12-21, 1-5). We would also note that the use of "two-way, real-time audio-only communication technology" is Medicare's description of telephone calls specific to treating a mental health disorder.

Besides the full definition not cited, more importantly, the full spectrum of requirements listed under 42 CFR 438.10 (b) is not included. This is significant since 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 a 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, by only mandating the adoption of the Medicare definition of "Interactive telecommunications system," this measure does not conform Hawaii's telehealth rules to the federal standards, and the proposed definition does not provide the same quality standards Medicare requires for its beneficiaries.

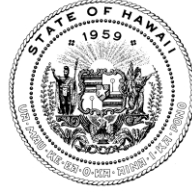
Therefore, we request an amendment to the definition and to include a reference to "two-way real-time audio-only communication" on pages 3-4, lines 12-21, 1-5, to read in whole:

"" [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.

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



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

NADINE Y. ANDO  
DIRECTOR | KA LUNA HO'OKELE

JOSH GREEN, M.D.  
GOVERNOR | KE KIA'ĀINA  
SYLVIA LUKE  
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

DEAN I. HAZAMA  
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

KA 'OIHANA PILI KĀLEPA  
335 MERCHANT STREET, ROOM 310  
P.O. BOX 541  
HONOLULU, HAWAII 96809  
Phone Number: (808) 586-2850  
Fax Number: (808) 586-2856  
cca.hawaii.gov

**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
Senate Committee on Health and Human Services  
Monday, February 13, 2023  
1:00 p.m.**

**State Capitol, Conference Room 225 and via Videoconference**

**On the following measure:  
S.B. 1038, RELATING TO TELEHEALTH**

Chair San Buenaventura 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 clarify reimbursement for services provided through telehealth via an interactive telecommunications system; define "interactive telecommunications system"; and to clarify that, for services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in the patient's home, interactive telecommunications may include audio-only communication in certain circumstances.

This bill adds a new definition, "interactive telecommunication system", to HRS §§ 431:10A-116.3(g), 432:1-601.5(g), and 432D-23.5(g). This definition includes the phrase "provided further that the term shall have the same meaning as the term is defined in title 42, Code of Federal Regulations section 410.78, as amended." See p. 7, lines 9 to 12; p. 10, lines 14 to 17; and p. 13, line 20 to page 14, line 2. We note that

this phrase may lead to confusion, given that the definition of interactive telecommunication system proposed in this bill is similar, but not identical to, the definition in 42 CFR § 410.78(a).<sup>1</sup> Additionally, the Insurance Division's authority to interpret this federal rule is unclear.

By inserting the phrase "via an interactive telecommunications system" at p. 5, line 15; p. 9, line 2; and p. 12, line 5, 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 p. 8, lines 13 to 17; p. 11, lines 17 to 21; and p. 15, lines 2 to 6, presume that the bill brings standard telephone contacts, facsimile transmissions, or electronic mail text into the definition of "telehealth". However, there are no such amendments in this bill. This may lead to confusion and statutory interpretation issues.

Additionally, because this bill does not bring standard telephone contacts within the scope of "telehealth", standard telephone contacts would continue to not be subject to reimbursement under HRS §§ 431:10A-116.3(c), 432:1-601.5(c), and 432D-23.5(c) under the amendments proposed.

Finally, we note that it is unclear whether current Medicare reimbursement policies for audio-only telehealth will continue indefinitely. The Consolidated Appropriations Act of 2023, in part, amends 42 U.S.C. 1395m(m) by providing that "the

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<sup>1</sup> 42 CFR § 410.78(a) provides:

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).

Secretary shall continue to provide coverage and payment under this part for telehealth services ... as of the date of the enactment of this paragraph that are furnished via an audio-only telecommunications system during the period beginning on the first day after the end of such emergency period and ending on December 31, 2024[.]”

Thank you for the opportunity to testify on this bill.



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

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

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## COMMITTEE ON HEALTH & HUMAN SERVICES

Senator San Buenaventura, Chair

Senator Aquino, Vice Chair

Monday, February 13, 2023 - 1:00PM - Via Videoconference – Rm 225

### Testimony in STRONG SUPPORT of SB1038 RELATING TO TELEHEALTH

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports SB1038, 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

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

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.**"

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.

It's our understanding that the State Department of Human Services had requested amendments to Hawaii's Medicaid law in Chapter 346-59.1, in similar measures. We support this if it will ensure our state Medicaid law does not conflict with federal regulation. We are also otherwise available and open to further deliberations with stakeholders on other approaches to improve access and utilization of mental health services through telephonic telehealth; and respectfully request that your committee pass this bill to continue these discussions.

Nevertheless, 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





**Testimony to the Senate Committee on Health and Human Services  
Monday, February 13, 2023; 1:00 p.m.  
State Capitol, Conference Room 225  
Via Videoconference**

**RE: SENATE BILL NO. 1038, RELATING TO TELEHEALTH.**

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

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 1038, 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). It would also take effect upon approval.

We note that a substantively similar bill, Senate Bill No. 0684, is scheduled to be heard by the Senate Joint Committee on Labor and Technology and Health and Human Services today at 3:10 p.m. in Conference Room 224. While the title to Senate Bill No. 1038 is RELATING TO TELEHEALTH., the title to

**Testimony on Senate Bill No. 1038**  
**Monday, February 13, 2023; 1:00 p.m.**  
**Page 2**

Senate Bill No. 0684 is RELATING TO TELEPHONIC SERVICES. The HPCA believes that the title to Senate Bill No. 1038 would be less likely the subject of a "single-title, single-subject" challenge and accordingly prefers Senate Bill No. 1038 as the vehicle for this issue moving forward.

We also note that the bill presently before this Committee is substantively similar to a measure heard and reported by the House Committee on Health and Homeless. That Committee amended the bill by incorporated the amendments proposed by the Department of Human Services on the definition of "interactive telecommunications system" to include "two-way real-time audio-only communication". The HPCA has reviewed this language and believes it clarifies the definition, and as such, we do not object to it.

With that said, we believe 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. As we stated last year, what is good for Medicare should be good for private insurance. To that end, 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 tried to work a compromise that would ensure access while addressing concerns on loss costs. However, 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.

**Accordingly, 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 & HUMAN SERVICES**  
**Senator San Buenaventura, Chair**  
**Senator Aquino, Vice Chair**  
**Monday, February 13, 2023 - 1:00PM - Via Videoconference – Rm 225**

**Testimony in Strong Support on SB1038 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.**”

By “following the feds,” and using CMS’s definition to determine the contours of telephonic telehealth coverage, NASW- Hawaii believes we can ensure best practices will always be followed in the administration of private health insurance, as CMS’s deliberations and policies evolve. If it’s good enough for Medicare and Medicaid, it is good enough for private insurance.

Accordingly, we support the amendments that the State Department of Human Services had requested to Hawaii’s Medicaid law in Chapter 346-59.1 (as we’ve seen in other similar measures) as we understand how important it is that state Medicaid law does not conflict with federal regulation. We are also open to consider alternative approaches with stakeholders that improve access and utilization of mental health services through telephonic telehealth; and respectfully request that your committee pass this bill to continue these discussions.

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

**SB-1038**

Submitted on: 2/12/2023 12:06:14 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Hawaii Psychological Association	Testifying for Hawaii Psychological Association	Support	In Person

Comments:



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

**The State Legislature**  
**The Senate Committee on Health and Human Services**  
**Monday, February 13, 2023**  
**1:00 p.m.**

TO: The Honorable Joy San Buenaventura, Chair  
RE: Support for S.B. 1038 Relating to Telehealth

Aloha Chair San Buenaventura and Members of the Committee:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social 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 supports S.B. 1038** which clarifies reimbursement for services provided through telehealth and that interactive telecommunications may include real time audio-only communication(telephone).


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 SB 1038.

Sincerely,

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

Keali'i S. López  
State Director

**SB-1038**

Submitted on: 2/12/2023 9:49:22 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Vishwani Ram-Souza, PhD, LMFT	Testifying for Elemental Guidance, LLC	Support	Remotely Via Zoom

Comments:

I am honored to serve my community as a licensed marriage and family therapist across these Hawaiian Islands. As a woman of color therapist, I am called to serve families of color across the islands, often in the most rural of areas. As we know, these families have some of the lowest income, compared to other types of families nationwide. As a result, they cannot afford certain luxuries, otherwise taken for granted by higher income families, such as updated technology, effective internet service in their homes, and even fuel for travelling to sessions into town (sometimes from a different island than where I offer care). I rely heavily on telephonic therapy options to support their needs. Given that Hawai'i geography spans numerous islands, special consideration for diversity in therapy modalities (telephone, video, and face-to-face) is simply a matter of ethical and moral goodness. I offer a very recent example to emphasize my stance on the matter.

A client was rendered unable to operate a motor vehicle but urgently needed therapeutic support for herself and her family, who were also in the vehicle at the time of the accident. As a matriarch in her family, she is highly depended upon for interdependent support, transportation, and emotional strength. Meeting the need for individual and family therapy was critical at this point. However, not meeting their need at a very important window (to prevent adverse effects of the traumatic event) would have generated numerous detrimental ripple effects onto herself, her children, her parents, and her partner.

Thank heavens for telephonic therapy - if she had to drive to get to sessions, sessions would never have happened. Instead, we met the family's needs by providing care via telephone, then moved to video. The transition from telephone to video to eventually face-to-face was an ethical and honorable way. Let me explain why. In a motor vehicle accident, a few things occurred: (1) anxiousness about driving and fear of the roads, (2) fear of people, (3) unavailable vehicles due to damage, and (4) a lost sense of control. Enable the choice to receive care via telephone and video also enabled a beautiful wholeness journey as it accommodated each of the four struggles her and her family were facing: (1) anxiety was managed while she stayed within her home and off the roads until ready for exposure therapy, (2) agoraphobia was prevented by slowly introducing her to people again rather than inadvertent exposure while she would have traveled into town for therapy, (3) continuity of care was honored even without a vehicle for travel, and (4) the choice to engage via telephone and/or video enhanced and healed her sense of control. These four struggles were addressed effectively because of the availability of telephonic/video therapy as an option. If this client had only a single choice - to meet face-to-face only - she and her family would not have pursued therapy. The cost of that choice brings tears of sadness to my



eyes. I shudder at the thought of putting families through choicelessness and restrictions for receiving clinical care.

The great news: after about one-month of a mixture of telephonic modalities, she is ready to resume her role as a mother who is about to advocate for her family's needs on a national level in the coming months. Their advocacy opportunity will serve to elevate our awareness, on a state-wide level, of emotional and development health struggles.

Please pause and consider how telephonic therapy served as a catalyst for one family's wholeness journey - this is just ONE example of numerous examples from my office. And I am just one of numerous therapists who have stories like these. To remove telephonic care as an option is a nightmare I cannot bear to fathom. Denying telephonic care to individuals and families who are in dire need may last for generations to come.

Please consider keeping this modality as an option, especially for these families who are in need, and especially in times of clinical crises, as shared here today. It is a matter of ethical and moral goodness as a collectivistic community. If we as care providers have all options available to care for families in our communities, the beneficial ripple effect could take the collective us from a place of isolation, fear, and turmoil to a place of home, interconnectivity, and hope. We cannot afford to erase these life-lines in our communities. Thank you for considering my desperate plea for help on behalf of the families I serve in Hawai'i.

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

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

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

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

**Mahalo!**

**Dr. Deepa Ram-Souza, LMFT**



## **SB1038 Use Telehealth and Telephone**

### **COMMITTEE ON HEALTH AND HUMAN SERVICES**

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Monday, Feb 13 2023: 1:00 : Room 225 Videoconference

## **Hawaii Substance Abuse Coalition supports SB1038 and Makes a Recommendation:**

*ALOHA CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery services.*

### **Recommendation:**

Please amend 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.

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.



**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.**



## Hawaii Medical Association

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

### SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy A San Buenaventura, Chair

Senator Henry JC Aquino, Vice Chair

Date: February 13, 2023

From: Hawaii Medical Association

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

### Re: SB 1038 Relating to Telehealth

### Position: Support

The purpose of this measure is to clarify reimbursement for services provided through telehealth via an interactive telecommunications system, and that for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in the patient's home, interactive telecommunications may include audio-only communication in certain circumstances.

Hawaii physicians have rapidly adopted telemedicine technologies to better serve our communities. While video telehealth appointments have offered an important alternative for patients, audio-only visits provide a dependable access point for our most marginalized populations to access healthcare. Patients who are elderly, on Medicaid, non-English speaking, and/or have limited internet access are more likely to use audio-only services than video visits. 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 that physicians put into audio-only visits with patients is on par with video visits. Payment parity for audio-only telemedicine care is fair and appropriate. Furthermore, audio-only telemedicine services hold special promise in improving access to behavioral health services where visual and physical examinations have a lesser impact on providing appropriate care. Innovations in collaborative behavioral healthcare delivery via telemedicine, e.g. Behavioral Health Integration, will require the sustainability of telehealth payment parity to reinforce access in our rural and underserved areas of Hawaii.

#### 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

Hawaii Medical Association (HMA) supports interactive telecommunications measures, including audio-only, that increase access to care, particularly for Hawaii's elderly, underserved, and underrepresented communities.

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

## REFERENCES AND QUICK LINKS

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>

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

American Medical Association. "[Accelerating and Enhancing Behavioral Health Integration Through Digitally Enabled Care: Opportunities and Challenges.](#)" Acc Feb 10 2022.

Malâtre-Lansac A, et al. Factors influencing physician practices' adoption of behavioral health integration in the United States: A qualitative study. *Ann Intern Med*. Jul 21, 2020;173(2):92–99. doi: 10.7326/M20-0132. Epub Jun 2, 2020. PMID: 32479169.

American Psychiatric Association. [Telepsychiatry Toolkit: The Evidence Base.](#) Accessed Feb 10, 2022.

American Psychiatric Association. [Learn About the Collaborative Care Model](#) (n.d.). Accessed Feb 10, 2022.

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Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director



# UNIVERSITY OF HAWAII SYSTEM

## ‘ŌNAEHANA KULANUI O HAWAII

### Legislative Testimony

#### Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the  
Senate Committee on Health and Human Services  
Monday, February 13, 2023 at 1:00 p.m.

By

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

And

Michael Bruno, Provost  
University of Hawai'i at Mānoa

### SB 1038 – RELATING TO TELEHEALTH

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

Thank you for the opportunity to testify in **support** of SB 1038 which allows for the use of standard telephone contacts for telehealth purposes, consistent with the 2023 Medicare Physician Fee Schedule and defines “interactive telecommunications system”.

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.



**Written Testimony to the Senate Committee on Health and Human Services  
Monday, February 13, 2023 at 1:00 PM  
State Capitol Conference Room 225 & Videoconference**

**SUBJECT: Testimony in STRONG SUPPORT of SB1038 RELATING TO TELEHEALTH**

Aloha Chair San Buenaventura and Vice Chair Aquino,

The Hawaii Parkinson Association (HPA) **STRONGLY SUPPORTS** SB1038 – RELATING TO TELEHEALTH. 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, via video telemedicine and via 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.

*One aspect of a proposed compromise 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 for both adults and children.*

**The Hawai'i Parkinson Association urges the Committee to approve SB1038 to ensure all people with Parkinson's have access to the treatment they need.**

Thank you for the opportunity to testify on this measure.

Jerry Boster  
President, Hawai'i Parkinson Association





American Cancer Society  
Cancer Action Network  
2370 Nu'uau Avenue  
Honolulu, HI 96817  
808.460.6109  
[www.fightcancer.org](http://www.fightcancer.org)

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

Hearing Date: Monday, February 13, 2023

**ACS CAN SUPPORTS SB 1038 – RELATING TO TELEHEALTH.**

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

Thank you for the opportunity to **SUPPORT** SB 1038 – 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.

The Department of Human Services offered technical amendments to the reference to federal regulations for a similar bill before the House, they are good amendments. We do like this bill title and for purposes of continued discussions, ACS CAN urges the committee to move this bill forward.

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](mailto:Cynthia.Au@Cancer.org).

**SB-1038**

Submitted on: 2/10/2023 6:56:40 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Louis Erteschik	Testifying for 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.

Monday, February 13, 2023 at 1:00 PM  
Via Video Conference; Conference Room 225

**Senate Committee on Health and Human Services**

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

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

Re: **Testimony in Support of SB 1038  
Relating to Telehealth**

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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 SB 1038 which conforms existing Medicare requirements to health insurers, mutual benefit societies and health maintenance organizations to cover services provided by way of an interactive telecommunications system, and clarifies that for diagnosis, evaluation or treatment of a mental health disorder, interactive telecommunications may include audio-only communication in certain circumstances.

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.

**SB-1038**

Submitted on: 2/12/2023 9:29:20 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jennifer Stevens	Testifying for Private Practice, mental health	Support	Written Testimony Only

Comments:

I have patients that have limited access to computer or smart phone technology with video capacity. These patients are not able to participate in psychotherapy if remote audio appointments are not allowed. It is very valuable to have an audio only option for people who cannot have an in person appointment and do possess the technological ability to have video online sessions.

**SB-1038**

Submitted on: 2/12/2023 9:54:16 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dr. John Souza, Jr., LMFT, DMFT	Testifying for Elemental Guidance, LLC	Support	Written Testimony Only

Comments:

Aloha,

I am a mental health professional and co-owner of a telehealth group private practice (based in Hilo). Roughly 20% of my clients either prefer or need to use audio-only telehealth services. Each week these people come to me (and the other providers in our practice) to receive such services because using a telephone is feasible (those in rural areas often have poor internet service and/or live far from town centers where in-person services might be available). But sometimes the preference for telephone services is due to a clinical issue that makes audio-only a best practice, particularly for those with anxiety disorders.

It's really simple: Audio-only telehealth is feasible and effective, and should be considered on a par with in-person and audio/video services.

Mahalo for your consideration.

Dr. John, LMFT

**SB-1038**

Submitted on: 2/12/2023 11:03:52 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anuheha St. Laurent	Testifying for Anuheha St.Laurent- Marriage and Family Therapy LLC	Support	Written Testimony Only

Comments:

**I am a Marriage and Family Therapist Intern in strong support for SB1038. I have seen the incredibly high demand of mental health therapy skyrocket throughout and following the pandemic along with the tremendous rise of mental illness, substance abuse addictions, suicide and self-harm rates, abuse, neglect, homelessness, etc. I also live in Hilo, Hawaii and have witnessed many clients seek services via telehealth throughout the entire state of Hawaii via telehealth because it is more accessible; more convenient, more affordable, more safe/less risk of further health risks, more approachable, and more sustainable. However, many clients are not able or prefer not to conduct telehealth sessions using video for various reasons; Lack of finances to access to smart phones/devices/internet, lack of education/skills to utilize said devices, lack of internet connection strong enough to maintain good connection using both video and audio capabilities, lack of privacy due to sharing their home with other family members or being at work, feeling uncomfortable, unsafe, or intimidated by interacting using video because of mental health symptoms and/or cultural background, etc. Our most vulnerable populations are less likely to be able to utilize in-person and telehealth services which require both audio and video; elderly, victims of domestic violence, severely mentally ill, addicts, minorities, low to medium income individuals/families, etc. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.**

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

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

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





# 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 HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

February 13, 2023 1:00 P.M. - VIA VIDEO CONFERENCE – Rm 225

### **The Hawai'i Psychological Association (HPA) strongly supports SB1038 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”<sup>1</sup> 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 incorporates the solution, as adopted and as amended, 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.**”

Thus, we believe it prudent to “follow the feds” – as the research, analysis, and advocacy at the federal level is ongoing and robust. Whatever best practices CMS ultimately determines is

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

necessary for meeting the mental health needs of our most vulnerable; these practices should likewise be incorporated into our state statutes.

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

In this regard, we have no objection to the amendments to Hawaii's Medicaid law in Chapter 346-59.1 which the State Department of Human Services had asked for in other measures substantially similar to this bill – as this will ensure our state Medicaid law will not conflict with federal regulation.

We are also open and amenable to further discussions with other stakeholders on alternative approaches that will advance access and utilization of mental health services through telephonic telehealth. Accordingly, we encourage your committee to pass this bill to continue this dialogue.

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,

A handwritten signature in cursive script that reads "Alex Lichton, Ph.D." The signature is written in dark ink on a light-colored background.

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

**2023 Hawaii  
Leadership Board**

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*Community Advocate*

Dr. Pokii Balaz, Immediate  
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Commerce*

Caroline Witherspoon  
*President  
Becker Communications*

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

**Testimony to the Senate Committee on Health and Human Services  
Monday, February 13, 2023, 1:00 p.m.  
Hawaii State Capitol, Conference Room 225 and Videoconference**

**RE: Senate Bill No. 1038, RELATING TO TELEHEALTH**

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

I am Ron Shimabuku, Director of Public Policy and Advocacy with the Alzheimer's Association. We are testifying in support of **Senate Bill No. 1038**.

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.

**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](mailto:rkshimabuku@alz.org).

Mahalo,



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

February 12, 2023

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



*Working together for Kapolei*

Monday, February 13, 2023, 1:00 p.m.  
Conference Room #225 and Videoconference

**RE: SB1038, Relating to Telehealth**



Dear Chair Buenaventura, Vice Chair Aquino and members of the Committee,

My name is Kiran Polk, and I am the Executive Director of the Kapolei Chamber of Commerce. The Kapolei Chamber of Commerce is an advocate for businesses in the Kapolei region and West O'ahu. The Chamber works on behalf of its members and the entire business community to improve the regional and State economic climate and help Kapolei businesses thrive.

The Kapolei Chamber of Commerce **supports SB1038**, which clarifies reimbursement for services provided through telehealth via an interactive telecommunications system. Defines "interactive telecommunications system". Clarifies that, for services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in the patient's home, interactive telecommunications may include audio-only communication in certain circumstances.

We recognize that our health care community adjusted services during the COVID-19 pandemic including services in behavioral health. **Telehealth is now a means to assure the provision of proper continuing care to patients especially those in underserved areas and vulnerable populations who either do not have the technology or internet access to access mental health services.**

The Kapolei Chamber also is a strong voice of advocacy for digital equity and broadband for these same populations. **Not everyone has access to smart phones and broadband service to utilize telehealth as it was intended, especially in underserved areas such as ours. There is a digital divide.** According to the U.S. Census Quick Facts data, accumulated between 2015 – 2019, 77% of households in Wai'anae had internet subscription service while 91.3% of households in East Honolulu had broadband subscriptions. The number of persons living in poverty in East Honolulu is 3.3% while in Wai'anae the number is 24.4%.

While we await the day for fully universal broadband access across our State including West O’ahu, **the Kapolei Chamber supports this bill to ensure that our vulnerable and underserved populations will be able to continue to utilize telehealth services via standard telephonic contact even after the end of the public health emergency in May 2023.**

Thank you for this opportunity to provide testimony.

Best,

A handwritten signature in black ink on a light gray rectangular background. The signature is cursive and appears to read "K. Polk".

Kiran Polk  
Executive Director



February 13, 2023

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

Re: SB 1038 – Relating to Telehealth

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 1038, which clarifies reimbursement for services provided through telehealth via an interactive telecommunications system, defines "interactive telecommunications system", and clarifies that, for services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in the patient's home, interactive telecommunications may include audio-only communication in certain circumstances.

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. We also believe that it is critically important to ensure best practice and the highest quality of care for all our members.

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 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. In light of 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. <sup>1</sup> 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 respectfully request revisions to the following sections:

Section 2, page 2, line 7: Section 346-59.1, Hawaii Revised Statutes, subsection (b),

Section 3, page 5, line 14: Section 431:10A-116.3, Hawaii Revised Statutes, subsection (c),

Section 4, page 9, line 1: Section 432:1-601.5, Hawaii Revised Statutes, subsection (c), and

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<sup>1</sup> 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>



Section 5, page 12, line 4: Section 432D-23.5, Hawaii Revised Statutes, subsection (c) will be amended to say:

*Reimbursement for services provided through 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, except 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 as defined in title 42 Code of Federal Regulations section 410.78, shall be paid at 80% of the same services provided via face-to-face contact between a health care provider and a patient, and only so long as 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 every 12 months after these visits. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.~~*

Section 7, page 15, line 9: is amended by adding: “*This Act shall take effect upon its approval, and sunsets on December 31, 2024.*”

Thank you for the opportunity to provide comments on SB 1038.

Sincerely,

Jennifer A. Diesman  
Senior Vice President  
Government Policy and Advocacy

**SB-1038**

Submitted on: 2/12/2023 12:34:46 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christine Heath	Testifying for Hawaii counseling & Education Center, Inc	Oppose	Written Testimony Only

Comments:

I am testifying in opposition to this SB 123. I have been the Executive Director of Hawaii Counseling & Education Center since 1985. We provide outpatient mental health and substance abuse services to people on most islands with offices in Kailua and Aiea on Oahu and Waimea, Pahoa and Papa'aloa on the Big Island. This bill is a terrible bill because it will decrease availability of services to underserved people, a population already hurting and in need. People who are homeless or not cannot afford the amount of money it takes to have internet services, a phone capable of connecting to a HIPPA compliant service, or transportation to travel to an office. This makes it possible for many more people to receive care that is just as effective as video telehealth sessions. It is portable, more confidential, and available to almost everyone. This appears to be a measure to decrease the amount of services the insurance industry is required to pay for rather than something that will help people. We are in great need of Mental health services in this State, please do not pass a bill making the few services we have even harder to access.



**SB-1038**

Submitted on: 2/11/2023 1:32:00 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lauren Ampolos	Individual	Support	Written Testimony Only

Comments:

Please accept strong support to provide insurance parity for audio mental health sessions. As a psychologist I understand how important it is for patients to have options for receiving services and support depending upon needs in the moment.

Some patients live in remote areas with inconsistent internet service and having an option to offer services over the phone is critical.

Thank you,

Lauren Ampolos, PhD

**SB-1038**

Submitted on: 2/11/2023 3:52:08 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dara Yatsushiro	Individual	Support	Written Testimony Only

Comments:

Stand in SUPPORT

**SB-1038**

Submitted on: 2/11/2023 3:54:03 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dr. Guy Yatsushiro	Individual	Support	Written Testimony Only

Comments:

Supporting SB 1038. Thank you.

**SB-1038**

Submitted on: 2/11/2023 4:34:45 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
nancy sidun	Individual	Support	Written Testimony Only

Comments:

**I fully support SB1038. Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.**

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

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

**Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Payment parity for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities. Please pass this bill so we can continue to provide care for those patients that cannot access care other ways.**

**Respectfully submitted,**

**Dr. Nancy Sidun**

# Hawaii State Legislature

February 11, 2023

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

**S.B. No. 1038: RELATING TO TELEHEALTH.**

**Tuesday, February 13, 2023, 1:00pm Conference Room 225 & Videoconference**

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

My name is Rachel Draper, a student at the Myron B. Thompson School of Social Work and Public Health at the University of Hawai'i at Manoa. I respectfully submit the following testimony in strong support of S.B. 1038, Relating to Telehealth. According to researchers' telehealth services provide the following benefits to patients:

- Enhances access to care in rural areas and underserved areas.
- Provides flexibility and convenience for many when meeting with health and mental health providers.
- Improves continuity of care.

Research has shown that Native Hawaiians suffer from higher health and mental health disparities rates than the general public. In addition, Native Hawaiian communities tend to be located in rural areas with limited access to health and mental health services. Making telehealth billable at the same rates as face-to-face services will not only increase telehealth services but decrease the negative impact of the following problems facing Native Hawaiians and the general public:

- Shortage of mental health and other providers in Hawai'i.
- Limited health and mental health services in rural areas of the Hawaiian Islands.
- Difficulties traveling to and from health facilities for those with physical limitations.
- Greater rates of health and mental health disparities in Native Hawaiians.

As a social work student, I have seen the benefits of telehealth firsthand. As part of my social work practicum, I provide care management telephonic audio calls to local kupuna and caregivers on O'ahu. Through these calls, I have provided social support, mental health interventions, psychoeducation on various topics, and assistance in problem-solving and goal-setting. Many of the kupuna and caregivers I serve live in primarily Native Hawaiian communities. While these areas are not necessarily rural, many clients I work with have difficulties traveling to receive in-person mental health services due to physical limitations. This is why I strongly support the passing of SB 1038. Thank you for this opportunity to testify.

Sincerely,  
Rachel Draper  
MSW Candidate  
School of Social Work and Public Health  
University of Hawaii at Manoa

**SB-1038**

Submitted on: 2/11/2023 10:40:52 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Teresa Juarez	Individual	Support	Written Testimony Only

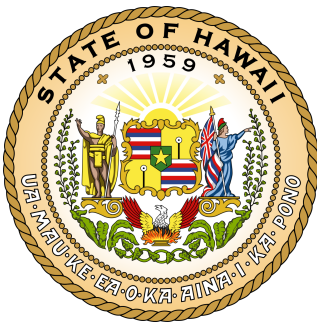
Comments:

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

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

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

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



In Support of Senate Bill 1038, Relating to Telehealth

**The Honorable Chair Sen. Joy San Buenaventura**  
**Senate Committee on Health & Human Services**  
**Senate Bill 1038, Relating to Telehealth**

Monday, February 13, 2023 at 1:00pm  
Hawai'i State Capitol Conference Room 225 & via Videoconference

Dear Chair Senator Buenaventura, Vice Chair Senator Aquina, and members of the Committee:

I would like to testify **in support of SB1038**, as I believe this legislation will increase access to mental healthcare services in the state of Hawai'i. Groups more likely to opt for audio-only telehealth include aging populations, those who need an interpreter, those lacking broadband access, lower-income individuals, and those using Medicare or Medicaid (Chen et al., 2022; Kleinman & Sanches, 2022). Lack of pay parity in Hawai'i for audio-only services will likely disproportionately impact these populations, which notably include Native Hawaiian speakers and older Hawaiians.

I am a graduate student studying clinical social work at the University of Hawai'i at Mānoa, with a focus in behavioral mental health. As part of my practicum work, I engage in regular case management check-ins with kūpuna and their caregivers by phone call. Kūpuna patients ("clients") are able to communicate easily without having to learn how to operate video technology. Caregiver clients can also connect and receive support while staying attentive to the needs of their care receiver.

I would also like to remark on the significance of allowing for pay parity in cases where a patient simply does not consent to audio-video telehealth. Having worked with young kids, adolescents, and adults of all ages with real-time video-audio technology in my field work, I have found that it is important to some to be able to switch to audio-only when needed. Often individuals disable their video when overwhelmed, anxious, overstimulated, or needing space, especially in group settings.

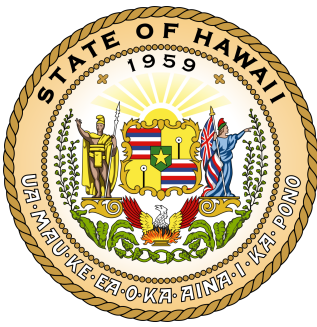
Pay parity for audio-only telehealth empowers clients to more fully exercise their autonomy and to receive care in the ways that feel most comfortable for them. It also allows providers to demonstrate flexibility, responsiveness, and collaboration with the client in the therapeutic process, all elements linked to better treatment outcomes in mental healthcare (Tishby & Wiseman, 2018).

In short, I believe this legislation will improve access to mental health care for the many Hawaiian residents who lack the broadband access, necessary equipment, technological know-how, or manual dexterity to engage in video and audio telehealth, or who simply only consent to audio-only telehealth communication. Thank you for your time and the opportunity to testify in support of SB1038.

Respectfully,

Paxton Charles





In Support of Senate Bill 1038, Relating to Telehealth

Chen, J., Li, K. Y., Andino, J., Hill, C. E., Ng, S., Steppe, E., & Ellimoottil, C. (2022). Predictors of audio-only versus video telehealth visits during the COVID-19 pandemic. *Journal of General Internal Medicine*, 37(5), 1138–1144. <https://doi.org/10.1007/s11606-021-07172-y>

Kleinman, R. A., & Sanches, M. (2022). Impacts of eliminating audio-only care on disparities in telehealth accessibility. *Journal of General Internal Medicine*, 37(15), 4021–4023. <https://doi.org/10.1007/s11606-022-07570-w>

Tishby, O., & Wiseman, H. (Eds.). (2018). Developing the therapeutic relationship: Integrating case studies, research, and practice. *American Psychological Association*. <https://doi.org/10.1037/0000093-000>

Kevin L. Johnson, Kapolei, Hawai'i

**The State Legislature  
Senate Committee on Health and Human Services  
Monday, February 13, 2023, Conference Room 225, 1:00 p.m.**

TO: The Honorable Joy A. San Buenaventura, Chair  
RE: Support for S. B. 1038 Relating to Telehealth

Thank-you for this opportunity to offer my full throated **support of S. B. 1038**. 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.

I now 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.

I'm sure it is not lost on you, that 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. If we learned anything during the pandemic, it was assuming newer communication methods in healthcare 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.

In order for all Hawai'i citizens to have equal access to the highest quality of healthcare, I would ask you to compassionately **support S. B. 1038**.

Sincerely,

*Kevin L. Johnson*

**SB-1038**

Submitted on: 2/12/2023 10:14:44 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Leissa Horiuchi	Individual	Support	Written Testimony Only

Comments:

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

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

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

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

**SB-1038**

Submitted on: 2/12/2023 10:46:52 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachelle Fong	Individual	Support	Written Testimony Only

Comments:

I am writing in support of this bill. I have seen the benefits in both my personal experience and in my experience as a mental health therapy practitioner. Often times video can be choppy and freeze. When this happens we have to rely on audio only, however, it's necessary and is still very helpful. We need to be able to meet the client where they are at and with whatever means we have.

I am a member of the American Association of Marriage and Family Therapists.

Here is additional info and research supporting this bill.

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

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

**MORE BACKGROUND on AUDIO-ONLY TELEHEALTH:**

After reviewing patient utilization and outcomes of telehealth during the pandemic, the US Department of Health and Human Services -Assistant Secretary for Planning & Evaluation Office of Health Policy issued [policy brief](#) on February 2, 2022 concluding that *“telehealth usage was similar across demographic groups, but white people, young adults, people earning at*

*least \$100,000 and the privately insured were most likely to use video services.” Meanwhile, “people of color, people with lower incomes, adults without a high school degree and seniors skewed toward using audio-only services.” Other [research](#) reached similar conclusions: “Amongst telehealth users, adjusted odds of video participation were significantly lower for those who were Black, American Indian, male, prefer a non-English language, have Medicaid or Medicare, or older. Seniors, non-English speakers, and Black patients were more reliant on telephone than video for care. The differences in telehealth adoption by vulnerable populations demonstrate the tendency toward disparities that can occur in the expansion of telehealth and suggest structural biases.”*

Thank you,

Rachelle Fong

**SB-1038**

Submitted on: 2/12/2023 11:12:43 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mary Navarro	Individual	Support	Written Testimony Only

Comments:

Aloha. I have lived in Hawai`i since 2000. I am a Marriage and Family Therapist, licensed in Hawai`i and California. In Hawai`i, I have worked for non-profit agencies, the Department of Education, and in private practice. All of our Hawaiian islands have many families who deal with barriers to their ability to use mental health services. I have lived and worked on both the Kaua`i and Hawai`i islands and I have served children, adults and families of all economic levels. Three of the most daunting barriers include living in rural areas, the inability to afford the cost of internet services, and many of our kupuna really struggle to use the internet. Since COVID, Telehealth mental health services have been a lifesaver for many who are in these situations. Additionally, rural areas of every island often have no internet or have intermittent internet services. I have often used Telephone in these situations to be able to provide much needed mental health services. My clients have reported many times how grateful they are for Telehealth to help them overcome these barriers, especially when we use the telephone. Another problem situation is when the insurance platform, itself, goes down. Insurers work hard to prevent this, but it is our most vulnerable Hawaiian citizens who have to deal with it. Being able to use the Telephone to provide much needed mental services is crucial. Please support SB1038.

**SB-1038**

Submitted on: 2/12/2023 12:10:38 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Judi Steinman	Individual	Support	Written Testimony Only

Comments:

I write to support SB1038, allowing reimbursement for telephone-only therapy. Kupuna and children especially on neighbor islands have limited resources and rely on the telephone for all communications.

The pandemic has fundamentally changed our approach to making mental health treatment accessible for our clients. It has added and refined options that were not considered in the past as viable options. The pandemic provided a 2-3 year study window to explore a range of different approaches. Patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. A good number of my clients have a need for audio-based treatment, if not every time, but regularly. Reasons include:

- Availability of device: Most people access telehealth through their phones, many do not own a laptop/computer
- Incompatibility of technology: only if one owns an iPhone, a person can do Facetime, etc.
- Availability of Services: There are still many areas, in rural Hawaii, where internet is not available
- Low income: Many clients have text & talk services only, no WIFI or data availability due to their limited income
- Emergency/crisis situations: WiFi may not be available and using audio-based services is immediate and more direct
- Clients traveling: WiFi service availability
- Personal preference of client privacy

Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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

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

Audio-based telehealth for mental health treatment provides broadens the range of options for clients to receive the adequate mental health care and in addition it provides a means for our most marginalized communities to access care. Payment parity for audio-based tele-mental health will increase access to care for all clients, but in particular for Hawaii's most vulnerable communities.

Petra Wiesenbauer, MA MFT, HI License #748  
Pu'uhonua Counseling Services, LLC  
Ph: 808-333-4862  
Email: puuhonuacs@gmail.com



**SB-1038**

Submitted on: 2/12/2023 12:32:59 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amber Vantze	Individual	Support	Written Testimony Only

Comments:

**As a psychotherapist who provides mostly telehealth services, I can personally attest to the need of patients to have audio only services covered by insurance. Technology often fails, especially on Maui. Having the option to offer audio only telehealth is not only necessary, it can even lead to greater intimacy within the therapeutic relationship.**

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

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

**SB-1038**

Submitted on: 2/12/2023 12:50:00 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ian Arruda	Individual	Support	Written Testimony Only

Comments:

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

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**SB-1038**

Submitted on: 2/12/2023 1:15:24 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lyann Kauhini	Individual	Support	Written Testimony Only

Comments:

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

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

**SB-1038**

Submitted on: 2/12/2023 1:58:54 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kimberly Alailima	Individual	Support	Written Testimony Only

Comments:

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

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**SB-1038**

Submitted on: 2/12/2023 2:01:22 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Isaiah Moreno	Individual	Support	Written Testimony Only

Comments:

I am in support of audio-only telehealth services. As a community psychologist, I work with hundreds of individuals in our community who do not have access to video conferencing technology and often are not provided ongoing psychotherapy services due to this limitation. Clients who are homeless and dealing with a number of psychosocial challenges will initiate therapy and may not be seen for months or years at a time due to these challenges.

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

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

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

Respectfully submitted,

**Isaiah M. Moreno, PsyD, LMFT, CSAC**

Licensed Psychologist, PSY-1778

Licensed Marriage & Family Therapist

Certified Substance Abuse Counselor

**SB-1038**

Submitted on: 2/12/2023 2:57:04 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Patti Lynn LMFT	Individual	Support	Written Testimony Only

Comments:

**I am a Licenced Marriage and Family Therapist working telehealth on Maui. I have transitioned 90% of my work to telehealth since the pandemic and know how vital this service is including audio only. There are times and locations that high speed internet is not available and our community needs consistent access to their mental health provider.**

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

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

**SB-1038**

Submitted on: 2/12/2023 4:24:28 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Akoni Kanaele	Individual	Support	Written Testimony Only

Comments:

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

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

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

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



**LATE**

**SB-1038**

Submitted on: 2/12/2023 7:58:23 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Brian Goodyear	Individual	Support	Written Testimony Only

Comments:

Aloha Senators,

Please support this bill that will help to increase access to mental health care for some of our most vulnerable communities.

Mahalo!

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy San Buenaventura, Chair

Senator Henry Aquino, Vice Chair



**Date:** February 10, 2023

**From:** Aubrey Olson, MSW student at University of Hawai'i at Mānoa, social worker in the West Hawai'i area.

**Re: Testimony in Support for S.B. No. 1038, Relating to Telehealth**

**Position: SUPPORT**

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

My name is Aubrey Olson, I live in the West Hawai'i region of Hawai'i County and work in the medical field as a social worker. I am also a graduate student at the University of Hawai'i at Mānoa. I strongly support S.B. No. 1038, Relating to Telehealth.

It is a well-known fact that our state struggles to facilitate equitable health care access, in particular for those residents living in rural areas. The development and implementation of Telehealth appears to have a growing and positive impact towards closing the healthcare access gap in these rural counties. However, under certain care plans, telehealth billing requires that the patient and provider use video technology during the healthcare visit. This raises a concern for patients who do not have sufficient internet access to facilitate the telehealth visit .

Such is the case in Hawai'i county, as some residents in more remote areas such as Hawaiian Ocean View Estates do not have access to high-speed broadband internet access. While it is understandable that a provider will want to assess their patient face-to-face semi-regularly, it also stands that certain healthcare visits can take place using audio

communication only. Telehealth is an innovative and efficient way to increase healthcare access for individuals who are home-bound, live in rural areas, or cannot otherwise traverse to their provider's office. S.B. No. 1038 seeks to ensure that the requirement for video technology and stable internet access does not preclude these individuals from accessing appropriate healthcare services.

I am asking the committee to please support S.B. No1038, for the benefit of all telehealth users.

Mahalo,

Aubrey Olson



# ALOHACARE

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

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

**LATE**

Hearing: Monday, February 13, 2023, 1pm

RE: **SB1038 Relating to Telehealth**

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AlohaCare appreciates the opportunity to provide testimony in **support of SB1038 with comments**. This measure will clarify that reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact while also defining interactive telecommunications system to have the same meaning as defined in title 42 Code of Federal Regulations section 410.78 Telehealth services.

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

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

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

SB1038 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 SB1038 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](http://www.AlohaCare.org)

**LATE**

**SB-1038**

Submitted on: 2/12/2023 11:09:51 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Noel Shaw	Individual	Support	Written Testimony Only

Comments:

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

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

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

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

**LATE**

**SB-1038**

Submitted on: 2/13/2023 2:59:10 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

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

Comments:

As a clinical psychologist providing treatment for substance use and other mental health disorders, access to care is critical for our communities. Audio only telehealth expands access, reduces the burden on providers and patients, and is well supported in research and outcomes in best practices. Requiring annual face to face visits will restrict services across counties to our most vulnerable citizens.

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

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

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

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**SB-1038**

Submitted on: 2/13/2023 8:47:21 AM  
Testimony for HHS on 2/13/2023 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Robin Miyamoto	Individual	Support	Written Testimony Only

Comments:

Honorable Chair San Buenaventura, Vice-Chair Aquino and members of the Committee on Health & Human Service, I am Robin Miyamoto, a Clinical Psychologist, serving the Medicare/Medicaid community across Oahu. I wish to submit this testimony in strong support of SB 677.

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

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

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

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

Thank you for your consideration.

Respectfully submitted by,

Robin E. S. Miyamoto, Psy.D.

677 Ala Moana Blvd. 1016

Honolulu, Hawaii 96813

Office: 808-692-1012

Fax: [808-587-8576](tel:808-587-8576)

[robinemi@hawaii.edu](mailto:robinemi@hawaii.edu)