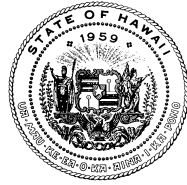


JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



KENNETH S. FINK, M.D., M.G.A., M.P.H.  
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**WRITTEN  
TESTIMONY  
ONLY**

**Testimony in SUPPORT of HCR125 HD1**

**REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP  
TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION  
DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY  
INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE  
TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE  
COVID-19 PANDEMIC.**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR  
SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

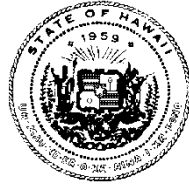
Hearing Date: April 26, 2024

Room Number: 225

- 1 **Fiscal Implications:** N/A.
- 2 **Department Testimony:** The Department of Health (DOH) supports HCR125 HD1.
- 3 Although the COVID-19 public health emergency drove exponential growth in telehealth
- 4 adoption, it is appropriate to review the pandemic experience, changes to the healthcare
- 5 landscape since then, and future expectations.
- 6 Thank you for the opportunity to testify.

7

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



CATHY BETTS  
DIRECTOR  
KA LUNA HO'ŌKELE

JOSEPH CAMPOS II  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'ŌKELE

TRISTA SPEER  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'ŌKELE

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

April 23, 2024

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

FROM: Cathy Betts, Director

SUBJECT: [HCR 125 HD1](#)- REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC.

Hearing: April 26, 2024, 12:30 pm  
Conference Room 225 & Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services supports this resolution.

**PURPOSE:** This resolution requests the establishment of a telehealth working group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and identify public policy initiatives at the federal and state levels to optimize telehealth utilization as the state transitions out of the COVID-19 pandemic.

DHS supports reviewing telehealth adoption during and since the COVID-19 pandemic and looks forward to having the Med-QUEST Administrator or the Administrator's designee participate in this workgroup.

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



## THE QUEEN'S HEALTH SYSTEM

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

From: Dr. Matthew Koenig, Medical Director, Virtual Care, The Queen's Health System  
Jace Mikulanec, Director, Government Relations, The Queen's Health System

Date: April 26, 2024

Re: In Support of HCR125 HD1: REQUESTING THE ESTABLISHMENT OF A  
TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF  
WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC  
AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE  
LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE  
TRANSITIONS OUT OF THE COVID-19 PANDEMIC.

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The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in **support** of HCR 125 HD1, which requests the establishment of a telehealth working group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and identify public policy initiatives at the federal and state levels to optimize telehealth utilization as the state transitions out of the COVID-19 pandemic.

In 2020, Hawaii experienced a 65-fold increase in video telehealth adoption so patients could seek medical care for low acuity conditions during the "lock down" phase of the pandemic response without risking contraction of COVID-19 in medical facilities. Since 2020, robust telehealth adoption has continued statewide and most visits occur with the patient at home using a consumer video device such as a smart phone or home computer. The persistently high volume of telehealth visits likely reflects consumer and provider satisfaction with these technologies but very little is known about the clinical impact on health-related outcomes, safety, and cost of care. In many ways, widespread adoption of direct-to-consumer telehealth in the home has been an "experiment" in Hawaii but we have not yet analyzed the results. The continued adoption of telehealth in Hawaii has been supported by progressive state laws that were enacted in 2017 as well as temporary federal waivers for Medicare beneficiaries that have been in place since 2020.

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

Hawaii has a larger influence on federal telehealth policy since our U.S. Senator Brian Schatz co-chairs the Senate Telehealth Caucus and is the author of the most significant telehealth bill in Congress, the CONNECT for Health Act of 2023 (S.2016). More data are now needed to study the impact of telehealth adoption on patient outcomes, cost of care, and safety outcomes like emergency department visits and hospitalizations. These data will help inform public policy at the state level – including coverage determinations and regulations – and provide additional data to CMS to determine which federal telehealth waivers should be made permanent. Although healthcare systems and payers have all the data that is needed to answer these questions, much of the data are considered confidential and proprietary.

HCR125 HD1 is necessary to convene representatives from healthcare organizations and payers to share de-identified data and to obtain epidemiology and biostatistics resources to analyze large data sets. The product of this analysis will be a report to the legislature about the impact of telehealth adoption with recommendations for public policy enhancements to support patient outcomes.

Mahalo for the opportunity to testify in support of this measure.

April 26, 2024, 12:30 p.m.  
Hawaii State Capitol  
Conference Room 225 and Videoconference

**LATE**

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

**From: Grassroot Institute of Hawaii**  
**Ted Kefalas, Director of Strategic Campaigns**

COMMENTS IN SUPPORT OF HCR125 — REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC

Aloha Chair, Vice-Chair and other members of the Committee,

The Grassroot Institute of Hawaii would like to **comment in support** of [HCR125](#), which looks to establish a telehealth working group.

The purpose of the working group would be to examine the impact of widespread telehealth adoption during the COVID-19 lockdowns and identify policy initiatives that might build on that experience in order to optimize telehealth usage in Hawaii.

Telehealth provides a wonderful opportunity to mitigate the problems related to healthcare access and staffing shortages that have had a significant effect on healthcare in Hawaii. Hawaii's geographic challenges alone make telehealth expansion virtually a necessity.

The COVID-19 crisis was instrumental in showing the potential of telehealth as a way to improve healthcare outcomes. Moreover, the experience of Hawaii and other states under emergency orders related to telehealth demonstrated that removing barriers to out-of-state telehealth access was helpful to both patients and providers.

In an upcoming policy brief, the Grassroot Institute examines ways in which the state could improve healthcare access and outcomes by removing regulations that prevent Hawaii patients from receiving telehealth from out-of-state providers.

This is a strategy that has been embraced by other states with great success. Twenty-six states have special license or telehealth registration programs that allow out-of-state doctors to offer telehealth services.

Idaho, for example, allows licensed doctors to offer telehealth care to patients with whom they have an established relationship but are in the state only temporarily.<sup>1</sup>

And Florida recently created a system that allows licensed out-of-state providers to practice telehealth by registering with the state medical board and agreeing to certain conditions such as liability coverage.<sup>2</sup>

We commend the Legislature for seeking ways to remove barriers to telehealth in Hawaii.

Thank you for the opportunity to testify.

Ted Kefalas  
Director of Strategic Campaigns  
Grassroot Institute of Hawaii

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<sup>1</sup> [“Cross State Licensing: Idaho.”](#) Center for Connected Health Policy. Feb. 13, 2024.

<sup>2</sup> [“Cross State Licensing: Florida.”](#) Center for Connected Health Policy. Feb. 24, 2024.



# 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  
Friday, April 26, 2024 at 12:30 p.m.

By

Denise E. Konan, Dean  
College of Social Services

And

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

And

Michael Bruno, Provost  
University of Hawai'i at Mānoa

HCR 125 HD1 – REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC

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

Thank you for the opportunity to testify in **support** of HCR 125 HD1 which requests the establishment of a telehealth working group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and to optimize telehealth utilization as Hawai'i transitions out of the COVID-19 pandemic.

The University of Hawai'i College of Social Sciences and the Social Science Research Institute houses the Pacific Basin Telehealth Resource Center (PBTRC). The PBTRC is one of fourteen Telehealth Resource Centers in the United States, which is Federally funded by the Health Resources & Services Administration (HRSA). The PBTRC serves as a regional telehealth resource center for the State of Hawai'i and the U.S. Affiliated Pacific Islands and brings together telehealth stakeholders throughout the State of Hawai'i, including a Telehealth leadership Hui with representation from health care providers and systems.

The John A. Burns School of Medicine (JABSOM) would welcome the opportunity to participate on the telehealth working group. We believe we are able to provide valuable insight and information regarding telehealth, as we have been working on this issue with the UH College of Social Sciences, Social Science Research Institute (CSS-SSRI) Pacific Basin Telehealth Resource Center for several years. **We request that one**

**JABSOM faculty member be permitted to be a part of the working group.** This would increase the University of Hawai'i members on the working group to two (2): One from the Pacific Basin Telehealth Resource Center (as stated in HCR 125) and the other from JABSOM.

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

During the COVID-19 pandemic, telehealth became an important tool in the delivery of healthcare throughout the state. Patients suffered through the inability to access providers via in-person visits and had no alternative but to turn to telehealth. One of the realities for Hawai'i is that many of those most in need of telehealth, including 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 access to necessary healthcare. An examination of the utilization of telehealth during the pandemic would provide meaningful data and information that may shape the future use of telehealth as a viable means to deliver healthcare.

The University of Hawai'i recognizes the importance of telehealth adoption and its potential to impact safety, utilization, total cost of care, and patient satisfaction in the State of Hawai'i. A full evaluation of the impact of widespread telehealth adoption in the State will provide valuable insights into existing challenges and benefits. We appreciate the efforts made to promote the use of telehealth in the State.

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



**HCR-125-HD-1**

Submitted on: 4/23/2024 9:29:49 PM

Testimony for HHS on 4/26/2024 12:30:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|---------------------|---------------------------|------------------------|
| SueAnn Yasuoka      | Individual          | Support                   | Written Testimony Only |

Comments:

April 23, 2024

Re: Hearing Friday, April 26, 2024 for HCR 125 HD1

Committee on Health and Human Services - Senator Buenaventura, Senator Aquino and Committee

I am a Pharmacist practicing in retail. I support the establishment of a telehealth working group to examine the impact of widespread telehealth adoption.... I do not see any representative from the pharmacy community. I don't think it is necessary to have a member of the pharmacy community, BUT I do want to express a concern for consideration for this group. Currently, we receive prescriptions electronically from Telehealth appointments. We are not able to differentiate the prescriptions from an office visit or a telehealth appointment. We sometimes receive electronic prescriptions from physicians practicing outside of the State of Hawaii. We can only ASSUME it is a telehealth appointment. There are occasions when we need to contact the prescriber and MANY times, the telehealth prescribers contact phone number is not a working number or a direct line. From a patient safety standpoint, the pharmacist needs to be able to communicate with the prescriber and telehealth providers should not have restricted access that limits us from reaching them.

SueAnn Yasuoka, RPh