

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



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

KENNETH S. FINK, M.D., M.G.A, M.P.H
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

WRITTEN
TESTIMONY ONLY

**Testimony in SUPPORT of SB1281 SD2 HD1
RELATING TO TELEHEALTH**

REPRESENTATIVE KYLE YAMASHITA, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date, Time: Friday, March 28, 2025; 2:00 PM Room Number: 308

- 1 **Department Testimony:** The Department of Health supports SB1281 SD2 HD1 to amend Act
- 2 107, Session Laws of Hawaii 2023, Section 8, which would extend the sunset date to December
- 3 31, 2027. Federal health care policies are in flux. Extending the sunset date for two more years
- 4 will continue reimbursements for services provided through telehealth using an interactive
- 5 telecommunications system while federal policies are being decided.
- 6 Thank you for the opportunity to testify on this measure.



**TESTIMONY IN SUPPORT OF SENATE BILL 1281 SD 2 HD 1
RELATING TO TELEHEALTH**

House Committee on Finance
Hawai'i State Capitol

March 28, 2025

2:00PM

Room 308

Aloha e Chair Yamashita, Vice Chair Takenouchi, and Members of the House Committee on Finance:

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SB 1281 SD 2 HD 1 which extends the sunset date of Act 107, SLH 2023, allowing for the reimbursement of services provided through telehealth via an interactive telecommunications system, until December 31, 2027. OHA appreciates measures such as these that are ultimately aimed at ensuring continuum of care for Hawai'i residents in rural communities. OHA's comments are provided to ensure that Native Hawaiians as OHA beneficiaries receive the medical attention and care that is needed, as many of OHA's beneficiaries reside in rural, underserved communities.

OHA supports telehealth as a critical tool to improve healthcare access for Native Hawaiians and underserved communities throughout the State. Hawai'i's unique geography—spanning across multiple islands—presents significant challenges in accessing healthcare services, particularly for rural and remote communities. Telehealth offers a practical solution by enabling individuals to connect with healthcare providers from their homes or local community centers, reducing the need for long-distance travel and mitigating transportation barriers. This is particularly important for Native Hawaiians who often live in rural areas, where healthcare services can be limited.

In addition, telehealth has the potential to address disparities in healthcare access and outcomes. Native Hawaiians experience health inequities in many areas, including chronic disease management, mental health, and maternal health. Telehealth can offer greater flexibility for individuals to receive timely care, enhance provider-patient communication, and promote preventive care—ultimately improving health outcomes for Native Hawaiians and other vulnerable populations.

By extending and solidifying telehealth coverage and reimbursement, this bill will ensure Hawai'i's most vulnerable communities have equitable access to essential healthcare services. Additionally, the bill's emphasis on integrating telehealth into the state's healthcare infrastructure will help reduce disparities in care and build a more resilient, accessible healthcare system for all.

For these reasons, OHA urges this committee to **PASS SB1281 SD 2 HD 1**. Mahalo nui for the opportunity to testify.



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Finance
Friday, March 28, 2025 at 2:00 p.m.

By

T. Samuel Shomaker, Dean
John A. Burns School of Medicine

And

Michael Bruno, Provost
University of Hawai'i at Mānoa

SB 1281 SD2 HD1 – RELATING TO TELEHEALTH

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

Thank you for the opportunity to provide testimony in **SUPPORT** of SB 1281 SD2 HD1 which extends the sunset date of Act 107, SLH 2023, and allows reimbursement for services provided through telehealth via an interactive telecommunications system until 12/31/2027.

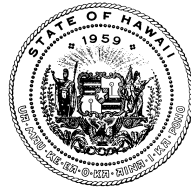
In light of the current uncertainty surrounding Federal government policies and Centers for Medicare and Medicaid Services (CMS) regulations extending the sunset date of Act 107, SLH 2023, to 12/31/2027 is prudent and gives the State the opportunity to adjust to any new federal policies that may be implemented and/or clarified. This also enables the numerous telehealth initiatives in Hawai'i that are successfully improving access to care in various settings, including libraries, community centers, homeless shelters, churches, and through street medicine, to name a few, to continue providing access to health care.

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 communication in any media form, including 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.

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. We believe a telehealth environment in Hawai'i that allows patients the ability to access behavioral as well as other health services remotely would provide greater access to healthcare.

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

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



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

**STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378**

**STATE COUNCIL ON MENTAL HEALTH
Testimony to the House Committee on Finance
In Support of S.B. 1281 S.D.2 H.D.1
RELATING TO TELEHEALTH
March 28, 2025 2:00 p.m., Room 308 and Video**

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

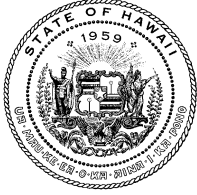
Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

Most of the State Council on Mental Health members support this measure, as data-driven research consistently demonstrates the effectiveness of telehealth while recognizing that there is concern about ensuring comparable payment for clinically equivalent services.

Thank you for the opportunity to testify. Should you have any questions, please contact us at DOH.SCMHChairperson@doh.hawaii.gov.

VISION: A Hawaii where people of all ages with mental health challenges can enjoy recovery in the community of their choice.

MISSION: To advocate for a Hawaii where all persons affected by mental illness can access necessary treatment and support to live full lives in the community of their choice.



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

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

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

March 26, 2025 (Hearing on March 28 @ 2 pm room 308)

To: House Committee on Finance
Representative Kyle Yamashita, Chair;
Representative Jenna Takenouchi, Vice Chair; and
Honorable Members

From: Jack Lewin MD, Administrator, SHPDA, and Sr. Advisor to Governor
Josh Green MD on Healthcare Innovation

Re: SB 1281 SD2 HD1 -- RELATING TO TELEHEALTH

Position: SUPPORT WITH COMMENTS

Testimony:

SHPDA strongly supports the intent of this bill and offers comments.

The State's rural and underprivileged communities are often cut off from receiving essential health care services through telehealth because they lack the broadband coverage necessary to access this care. While SHPDA recognizes that video-equipped telehealth visits are superior to audio-only, the use of standard telephone contact in telehealth during the COVID-19 pandemic demonstrated the effectiveness of this tool as a mode of essential health care delivery, particularly for residents living in rural, isolated, or underprivileged communities, and particularly for behavioral health care where video-equipped telehealth are unavailable. Further, the existing Medicare flexibility for expanded audio-only modalities is set to expire on March 31, 2025. While Medicare guidelines do allow for the use of audio-only modalities for all services, these guidelines must be considered in parallel with the telehealth coverage provisions of section 1834(m) of the Social Security Act, which limits the kinds of health care services that can be provided in the home to mental health services, substance use disorder services, and end-stage renal dialysis (ESRD). (continued)

Audio-only telehealth services should be maintained and compensated for the purposes of behavioral health diagnosis, evaluation, or treatment of a mental health disorder, and for ESRD care when video-telehealth is unavailable or unreasonable. But we should move beyond audio-only whenever video telehealth services can be used.

SHPDA believes the amendments made in the SD1 and HD1 versions of this bill improve it and clarify it.

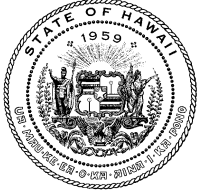
SHPDA defers to DHS/Med-Quest for amendment details they may have regarding the Medicaid program rules and regulations.

Finally, given the uncertainties related to ongoing federal funding of telehealth and audio-only telehealth, SHPDA has no objection to the DOH (Department of Health) suggestion to strike the contents of SB1281 SD2 and replace with the following language, except for extending the date of repeal to the HD1 suggestion of 2027, as follows:

SECTION 1. Act 107, Session Laws of Hawaii 2023, is 2 amended by amending 8 to read as follows:

"SECTION 8. This Act shall take effect upon its approval; provided that on December 31, [2025,] 2027, this Act shall be repealed and sections 346-59.1, 431:10A-116.3, 432:1-601.5, 432D-23.5, and 453-1.3, Hawaii Revised Statutes, shall be reenacted in the form in which they read on the day prior to the 8 effective date of this Act."

Mahalo for the opportunity to testify.



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

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

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

March 26, 2025

To: HOUSE COMMITTEE ON FINANCE
Representative Kyle T. Yamashita, Chair
Representative Jenna Takenouchi, Vice Chair and
Honorable Members

From: Jack Lewin MD, Administrator, SHPDA, and
Senior Advisor to Governor Josh Green, MD on Healthcare Innovation

Re: **SB1281, SD2, HD1 -- RELATING TO TELEHEALTH**

Hearing: Friday, March 28, 2025 @ 2:00 pm; Conference Room 308

Position: Support with Comments

Testimony:

SHPDA strongly supports the intent of this bill and offers comments.

The State's rural and underprivileged communities are often cut off from receiving essential health care services through telehealth because they lack the broadband coverage necessary to access this care. While SHPDA recognizes that video-equipped telehealth visits are superior to audio-only, the use of standard telephone contact in telehealth during the COVID-19 pandemic demonstrated the effectiveness of this tool as a mode of essential health care delivery, particularly for residents living in rural, isolated, or underprivileged communities, and particularly for behavioral health care where video-equipped telehealth are unavailable. Further, the existing Medicare flexibility for expanded audio-only modalities is set to expire on March 31, 2025. While Medicare guidelines do allow for the use of audio-only modalities for all services, these guidelines must be considered in parallel with the telehealth coverage provisions of section 1834(m) of the Social Security Act, which limits the kinds of health care services that can be provided in the home to mental health services, substance use disorder services, and end-stage renal dialysis (ESRD).

Audio-only telehealth services should be maintained and compensated for the purposes of behavioral health diagnosis, evaluation, or treatment of a mental health disorder, and for ESRD care when video-telehealth is unavailable or unreasonable. But we should move beyond audio-only whenever video telehealth services can be used.

SHPDA believes the amendments made in the SD1 and HD1 versions of this bill improve it and clarify it.

SHPDA defers to DHS/Med-Quest for amendment details they may have regarding the Medicaid program rules and regulations.

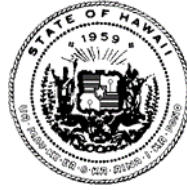
Finally, given the uncertainties related to ongoing federal funding of telehealth and audio-only telehealth, SHPDA has no objection to the DOH (Department of Health) suggestion to strike the contents of SB1281 SD2 and replace with the following language, except for extending the date of repeal to the HD1 suggestion of 2027, as follows:

SECTION 1. Act 107, Session Laws of Hawaii 2023, is 2 amended by amending 8 to read as follows:

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Mahalo for the opportunity to testify.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
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

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

March 27, 2025

TO: The Honorable Representative Kyle T. Yamashita, Chair
House Committee on Finance

FROM: Ryan I. Yamane, Director

SUBJECT: **SB 1281 SD2 HD1 – RELATING TO TELEHEALTH.**

Hearing: Friday, March 28, 2025, at 2:00 p.m.
Conference Room 308 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent and supports the bill. DHS requests an amendment to effectuate the effective date.

PURPOSE: Extends the sunset date of Act 107, SLH 2023, which allows for the reimbursement of services provided through telehealth via an interactive telecommunications system, until 12/31/2027. Effective 12/31/2050. (HD1)

The Committee on Health and Human Services amended this measure by:

- (1) Removing language in the definition of "interactive telecommunications system" that would have allowed a patient to not consent to the use of video technology and instead utilize two-way, real-time, audio-only communication technology for any telehealth service;
- (2) Inserting an effective date of December 31, 2050, to encourage further discussion; and
- (3) Making technical, nonsubstantive amendments for the purposes of clarity and consistency. (SD1)

The Committee on Commerce and Consumer Protection amended the measure by:

- (1) Reverting to the definition of "interactive telecommunications system," as provided in the originally introduced version of this measure, to allow a patient to consent to the use of video technology; and
- (2) Making technical, nonsubstantive amendments for the purposes of clarity and consistency. (SD2)

The House Committee on Health amended this measure by:

- (1) Deleting the provisions that would have codified updates to the State's laws on telehealth services to conform with federal Medicare regulations and required the Insurance Commissioner to report certain reimbursement information to the Legislature;
- (2) Extending the sunset date of Act 107, Session Laws of Hawaii 2023, to December 31, 2027; and
- (3) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style. (HD1)

DHS appreciates the House Committee on Health's amendments that extend the sunset of the current telehealth laws to December 31, 2027, given the uncertainty regarding Medicare telehealth laws and rules, as well as the ongoing discussions regarding telehealth in our state. DHS fully supports telehealth to expand access to care, including two-way, real-time, audio-only telehealth under specific conditions as exists in the current Medicaid telehealth law (section 346-59.1, HRS). The extension will allow the continuation of telehealth, including audio-only for behavioral health services, which will ensure continued access to care for the most vulnerable. The extension will also allow continued thoughtful discussion of any changes to the telehealth laws that the state may wish to adopt in the future, relative to any changes in the Medicare law.

Thank you for the opportunity to testify on this measure.



SB1281 SD2 HD1 Telehealth

COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair

Rep. Jenna Takenouchi, Vice Chair

Friday, Mar 28, 2025: 2:00: Room 308 Videoconference

Hawaii Substance Abuse Coalition Supports SB1281 SD2 HD1:

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-oriented services.

We support changes to Hawaii's law to extend the sunset date while we address the full spectrum telehealth needs.

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 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 need services that otherwise would not have access to services, especially in 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 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 commercial plans too, subject to financing and authorization.



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.

We appreciate the opportunity to provide testimony and are available for further



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**The State Legislature
The House Committee on Finance
Friday, March 28, 2025
Conference Room 308
2:00 p.m.**

TO: The Honorable Kyle Yamashita, Chair
FROM: Keali'i Lopez, AARP State Director
RE: S.B. 1281, SD2, HD1 Relating to Telehealth

Aloha Chair Yamashita 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 135,000 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. 1281, SD2, HD1** which updates the State's laws on telehealth services and repeals the sunset date of Act 107, Session Laws of Hawaii 2023.

AARP recognizes telehealth as a vital tool for accessing healthcare and aiding family caregivers. Many members, especially those aged 50-59, use mobile devices to manage their health. Telehealth, including family-involved virtual visits, improves access to care, reduces transportation barriers, and enhances outcomes. We also advocate the extension or permanency of Act 107 in its present form with the definition of "interactive telecommunications system" conforming to the Medicare Fee Schedule by citation. This ensures that telephonic telehealth will be treated the same by public and private insurance in Hawaii. Key benefits of the measure include:

- **Improved Access:** Audio-only communications help residents in rural areas connect with healthcare providers from home, saving time and reducing travel stress.
- **Ease of Use:** Phone calls are familiar and accessible, avoiding the frustration of video conferencing for non-tech-savvy kupuna.
- **Cost-Effective:** Audio-only communications require minimal infrastructure, making them viable for resource-limited settings and patients without high-speed internet.

Audio-only communication should continue to be recognized as a practical, accessible, and cost-effective solution to improve healthcare access for kupuna **and be a reimbursable service**. Thank you very much for the opportunity to testify.



March 28, 2025 at 2:00 pm
Conference Room 308

House Committee on Finance

To: Chair Kyle T. Yamashita
Vice Chair Jenna Takenouchi

From: Paige Heckathorn Choy
AVP, Government Affairs
Healthcare Association of Hawaii

Re: **Support**
SB 1281 SD 2 HD 1, Relating to Telehealth

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to provide **support** for this measure. The Association supports expanding telehealth access, which is critical to improving healthcare accessibility across our state. Telehealth has been a proven and effective tool for expanding healthcare access, and many states have recognized the importance of maintaining flexible telehealth options, particularly for underserved populations.

We support the language in this version, which extends the current policy around reimbursement and use of audio-only telehealth for an additional two years. This extension will allow the state to track and evaluate any changes happening at the federal level regarding telehealth. This extra time will allow Hawaii to make informed, long-term policy decisions that align with federal developments and ensure the best possible access to telehealth for our residents.

Thank you for the opportunity to comment on this measure and for the legislature's continued commitment to expanding telehealth access in the state.

Friday, March 28, 2025; 2:00 pm
Conference Room 308 & Videoconference

House Committee on Finance

To: Representative Kyle Yamashita, Chair
Representative Jenna Takenouchi, Vice Chair

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

**Re: Testimony in Support of SB 1281, SD2, HD1
Relating To Telehealth**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH writes in SUPPORT of SB 1281, SD2, HD1 which extends the sunset date of Act 107, SLH 2023 and allows for reimbursement of services provided through telehealth via an interactive telecommunications system until 12/31/2027.

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

Thank you for the opportunity to testify.



**Testimony to the House Committee on Finance
Friday, March 28, 2025; 2:00 p.m.
State Capitol, Conference Room 308
Via Videoconference**

RE: SENATE BILL NO. 1281, SENATE DRAFT 2, HOUSE DRAFT 1, RELATING TO TELEHEALTH.

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

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 1281, Senate Draft 2, House Draft 1, RELATING TO TELEHEALTH.

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

This measure, as received by your Committee, would extend the sunset date of Act 107, Session Laws of Hawaii 2023, from December 31, 2025 to December 31, 2027.

As noted in our testimony to the Senate Committee on Health and Human Services on Senate Bill No. 1281 dated February 3, 2025, and the House Committee on Consumer Protection and Commerce on House Bill No. 0557, House Draft 1, dated February 5, 2025, the Insurance Commissioner has not indicated how the Department of Commerce and Consumer Affairs interprets the current language of Act 107 in light of the December 9, 2024, Medicare Physician Fee Schedule Final Rule that took effect on January 1, 2025.

Based on a black letter reading of the statute, it would appear that private insurers in Hawaii are required to reimburse for non-mental health audio-only telehealth services that are provided at the patient's home. Arguably, an entitlement was created, but at this point, it is unclear whether the State acknowledges this or whether it will enforce the law.

A provider would need to provide a non-mental health audio-only telehealth services and seek reimbursement from a private insurer. If the insurer denies the claim, the provider would need to appeal that decision administratively first. If the Insurance Commissioner upholds the insurer's denial of the claim, then it would be a matter to be determined by the Courts. This would take time to develop and in the process, providers would be denied reimbursement, and providers would stop providing those services to patients.

In the meanwhile, due to the change in administration at the federal level, there are concerns that many of the policies that have been developed by CMS regarding telehealth flexibilities may be restricted or undone. Because of this, there are concerns that any substantive change to Act 107 might further complicate the legal treatment of audio-only telecommunications modes in Medicare, Medicaid, and private insurance.

Be that as it may, the HPCA continues to assert that the underlying policy that Act 107 established is sound -- that the treatment of audio-only telecommunications modes should be the same for public and private insurance. What is good for Medicare should also be good for private insurance.

If your Committee is concerned that an amendment to Act 107 may negatively impact a benefit that has accrued to insureds or create the bifurcated treatment of the law between public and private insurance, it may be prudent to extend Act 107 without any substantive amendments to its provisions. However, given the time it will take for administrative processes to be exhausted as well as for the Insurance Commissioner to adopt rules concerning these new benefits, the HPCA suggests that the law be extended at least until **December 31, 2027.**

To the extent that the House Committee on Health amended the bill in this manner, for purposes of facilitating continued discussions, 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.

March 28, 2025

To: Chair Yamashita, Vice Chair Takenouchi and Members of the House Committee on Finance (FIN)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: March 28, 2025; 2:00 pm/Conference Room 308 & Videoconference

Re: Testimony in support of SB1281 SD2 HD1 – Relating to Telehealth

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to share our support of SB1281 SD2 HD1. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP strongly supports the efforts of lawmakers to keep behavioral healthcare accessible, especially on the Neighbor Islands and in rural areas where broadband access and behavioral health care providers are lacking. We support continued access through the extension of Act 107 and appreciate the amendments made to this bill. Thank you for your attention to this important issue and for allowing us the opportunity to testify in support of SB1281 SD2 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



March 28, 2025

The Honorable Kyle T. Yamashita, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Finance

Re: SB 1281 SD2 HD1 – RELATING TO TELEHEALTH

Dear Chair Yamashita, Vice Chair Takenouchi, and members of the committee,

Hawaii Medical Service Association (HMSA) supports SB1281 SD2 HD1, which extends the sunset date of Act 107, SLH 2023, which allows for the reimbursement of services provided through telehealth via an interactive telecommunications system, until 12/31/2027.

Acknowledgement and Collaboration

We appreciate the legislature's recognition of the importance of continued access to audio-only telehealth for behavioral health services. This has been a vital means of access for many individuals. We also want to highlight the collaboration among lawmakers and healthcare stakeholders that contributed to adoption of Act 107 in 2023. Our ongoing work with these stakeholder aligns with the ultimate goal of:

1. Continuing access to audio only telehealth for behavioral health services.
2. Repealing the sunset date of Act 107 to ensure perpetual access to mental health care services through audio-only telehealth.
3. Honoring the relaxed guardrails for initiating and continuing audio-only telehealth for services as agreed upon in 2023.
4. Maintaining the reimbursement rates established in 2023.

HMSA's Position on Behavioral Health Legislation

HMSA fully supports the efforts of legislators and this committee to make behavioral healthcare accessible, especially on the Neighbor Islands and in rural areas where in-person services are difficult to obtain.

The field of telemedicine is continuously evolving. As the flexibilities and waivers introduced during the Public Health Emergency (PHE) come to an end, the healthcare community must continue to collaborate to expand access without sacrificing quality. HMSA considers Act 107 a prime example of this effort and we support CMS' opinion that mental health services are unique among Medicare telehealth services.

Thank you for the opportunity to testify on this measure.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

Hawai'i Mental Health Coalition

Hawai'i Psychological Association | National Association of Social Workers
Hawaiian Islands Association for Marriage and Family Therapy | Hawai'i Counselors Association

March 28, 2025

Rep. Kyle Yamashita, Chair
Rep. Jenna Takenouchi, Vice Chair
Members of the House Committee on Finance

Re: Support for SB1281, SD2, HD1, Relating to Telehealth

Aloha!

The Hawai'i Mental Health Coalition supports SB1281, SD2, HD1, relating to telehealth. On behalf of our member organizations which include psychologists, social workers, counselors, and marriage and family therapists dedicated to serving the mental health needs of Hawai'i's residents, we continue to strongly support this measure so that there will be continued insurance reimbursement for mental health services delivered via audio-telehealth. In addition, we consistently advocate for:

- One hundred percent insurance reimbursement for mental health services delivered via audio-telehealth;
- Audio-only telehealth services to initiate a patient relationship, as video requirements may prevent some Hawaii residents from receiving mental health services; and
- Removal, rather than extension, of the sunset date from Act 107 (Session Laws of Hawaii 2023).

Hawai'i faces a severe shortage of mental health providers, a crisis that is especially acute in our rural and neighbor island communities. Geographic isolation, transportation barriers, and the lack of local specialists often prevent residents from receiving the care they need. Audio-only telehealth has been a vital solution, allowing individuals to access mental health services despite technological, economic, or logistical limitations.

For many of our clients—kupuna, Native Hawaiian and Pacific Islander communities, those with disabilities, and individuals with limited digital literacy—video-based telehealth is simply not an option. Reliable broadband access remains inconsistent across our islands, leaving too many residents without the ability to engage in video appointments. Audio-only telehealth ensures that these individuals are not left behind.

Our coalition respectfully urges this committee to pass SB1281, SD2, HD1, to protect and sustain access to essential mental health care for all of Hawai'i's communities, and several of our individual members have requested to include their names in support. Mahalo!

Dr. Xenia Ewing
Lauren McKinney, LMFT, CSAC
Terry Ann Fujioka, Ph.D.
Tyler Ralston, PsyD, ABPP
Alex Lichton
Naomi Takemoto-Chock, Ph.D.

Brian Goodyear
Judith White, Psy.D.
Rosemary Adam-Terem, Ph.D.
Raymond Folen
Dr. Christina Louie
Annie H. Nguyen, Psy.D.

Vishaka Devi Jokiel, L.C.S.W.
Jennifer Hamada Apatto, Psy.D., CSAC
Cecily Sakai, Psy.D.
Dr. Neil O. Annandale
Jadu M. Jagel, Psy.D.
Amy Humphrey, Psy.D.

1099 Alakea Street, Suite 2530, Honolulu, Hawaii 96813



To: The Honorable Kyle T. Yamashita, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Finance

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Director of Public Policy
Sarielyn Curtis, External Affairs Specialist

Hearing: Friday, March 28, 2025, 2:00 PM, Conference Room 308

RE: **SB1281 SD2 HD1 Relating to Telehealth**

AlohaCare appreciates the opportunity to provide testimony in **support with comments of SB1281 SD2 HD1**. This measure extends the sunset date of Act 107, SLH 2023, which allows for the reimbursement of services provided through telehealth via an interactive telecommunications system, until 12/31/2027.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 70,000 Medicaid and dual-eligible health plan members on all islands. Approximately 37 percent of our members are keiki. We are Hawai'i's only health plan exclusively dedicated to serving Medicaid and Medicaid-Medicare dually-eligible beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality, whole-person care for all.

AlohaCare is committed to improving access to care. We support telehealth, including audio-only telehealth, as a means for our members and residents across our State to access healthcare services more easily, especially given our State's provider shortages. We understand the value of audio-only telehealth services particularly for patients who may not have internet or broadband access, may not have the technical proficiency or support to use video technology, or may have privacy concerns about using video technology.

We wish to focus our testimony in support and comments on the bill's impact on the Medicaid-eligible population. This measure will continue to improve access to healthcare services for our members and Hawai'i residents broadly, especially for kūpuna and those living in underserved rural, remote, and urban areas. We appreciate the prior testimony expressing comments, concerns, and recommendations raised by stakeholders, particularly Department of Human Services Med-QUEST Division (MQD) recommending thoughtful revisions to the State's telehealth law.



ALOHA CARE

While we support, on the principle of improving access to care, (1) expanding telehealth to a broader array of services, deferring to practitioners' clinical judgement on the appropriate use of telehealth, and (2) financial parity for telehealth regardless of modality; we appreciate and support MQD's concerns regarding the proposed expansion and financial parity contemplated in prior versions of this bill. As such, relative to Medicaid, AlohaCare supports an extension of the Act 107, SLH 2023 with respect to Chapter 346, HRS. Should this Committee and the Legislature seek to expand the services available via audio-only telehealth, AlohaCare would be supportive and would note MQD's prior testimony noting concerns regarding financial parity. Generally, this measure as amended (and in previous versions) would ensure audio-only telehealth remains available as a critical tool improving access to care, particularly considering the provider shortages in our State.

Mahalo for this opportunity to testify in **support with comments of SB1281 SD2 HD1.**

2025 Hawaii
Leadership Board

Testimony to the House Committee on Finance
Friday, March 28, 2:00 PM
Hawaii State Capitol, Conference Room 308, and Videoconference

Travis Kikuchi, *Chair*
Senior Vice President
Central Pacific Bank

Lori McCarney, *Immediate*
Past Chair Community
Advocate

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

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

Kai Ohashi,
Financial Advisor Edward
Jones

Michael Robinson,
Vice President Hawaii Pacific
Health

Kimberly Soares, *Vice*
President Atlas Insurance

Gino Soquena,
Executive Director
Hawaii Building and
Construction Trade Council

Gordon Takaki, *Past*
President Hawaii Island
Chamber of Commerce

Cary Tanaka,
Past President
Island Insurance
Companies

Caroline Witherspoon,
President Becker
Communications

LJ R. Duenas,
Executive Director
Alzheimer's Association

RE: SB 1281 SD2 HD1 – RELATING TO TELEHEALTH

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

My name is Coby Chock, and I am testifying on behalf of the Alzheimer's Association Hawaii Chapter. We are in **strong support** of SB1281 SD2 HD1, which relates to telehealth.

The Alzheimer's Association Hawaii Chapter is dedicated to supporting individuals and families affected by Alzheimer's disease and other dementias. We understand the critical importance of accessible healthcare services, especially for those living in rural and underserved communities. Telehealth has become an essential tool in providing care to these populations, ensuring they receive the medical attention they need without the barriers of distance and mobility.

The number of people living with Alzheimer's disease in Hawaii is 31,200, with 60,000 caregivers providing \$1,907,000,000 in unpaid care. This number is growing. Telehealth services are crucial for these individuals and their caregivers, as they often face significant challenges in accessing in-person healthcare services. The proposed changes in SB1281 SD2 would ensure that telehealth services, including audio-only communications, are reimbursed, providing much-needed support and flexibility for patients and caregivers alike.

Telehealth services allow patients in rural areas to connect with healthcare providers without the need for long and often difficult travel. This is particularly important for those with Alzheimer's disease, who may have mobility issues or require constant supervision. By enabling remote consultations, telehealth ensures that these patients receive timely and consistent care, which can significantly improve their quality of life. In alignment with this, we support the extension or permanency of Act 107 in its present form with the definition of "interactive telecommunications system" conforming to the Medicare Fee Schedule by citation

For these reasons, we strongly support SB1281 SD2 HD1 and urge your favorable consideration of this measure.

Mahalo for the opportunity to testify in support! If you have questions, please contact me at 808-451-3410 or ckchock@alz.org



Coby Chock
Director of Public Policy and Advocacy
Alzheimer's Association - Hawaii



Hawaii Medical Association

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

HOUSE COMMITTEE ON FINANCE

Representative Kyle T Yamashita, Chair

Representative Jenna Takenouchi, Vice Chair

Date: March 28, 2025

From: Hawaii Medical Association (HMA)

Jerald Garcia MD - Chair, HMA Public Policy Committee

Re: SB 1281 SD2 HD1 RELATING TO TELEHEALTH- Telehealth; Interactive Telecommunications Systems; Insurance Reimbursement

Position: Support

This measure would extend the sunset date of Act 107, SLH 2023, which allows for the reimbursement of services provided through telehealth via an interactive telecommunications system, until 12/31/2027.

Hawaii physicians frequently use telemedicine technologies to better serve our patients. While video telehealth appointments have offered an important alternative for patients, audio-only visits provide a dependable lifeline for our rural and underserved communities 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. These patients may have limited understanding and/or access to broadband internet services or devices, be unwilling to consent to video visits or prefer audio only interactions, and their access is limited by restrictions on audio-only telehealth services.

HMA appreciates the changes of HLT to this measure including the extension of the sunset of Act 107 SLH 2023, in order to maintain patient access to telehealth care, particularly for behavioral health services in our rural and underserved communities. HMA encourages further review and thoughtful discussion for future revisions of Hawaii state telehealth laws, given some uncertainties regarding CMS changing regulations and the impact on Hawaii telemedicine care delivery.

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

REFERENCES AND QUICK LINKS

2025 Hawaii Medical Association Officers

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

2025 Hawaii Medical Association Public Policy Coordination Team

Jerald Garcia MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

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2025 Hawaii Medical Association Public Policy Coordination Team

Jerald Garcia MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director



American Cancer Society
Cancer Action Network
2370 Nu'uuanu Avenue
Honolulu, HI 96817
808.460.6109

Committee on Finance
Rep. Kyle Yamashita, Chair
Rep. Jenna Takenouchi, Vice Chair

Hearing Date: Friday, March 28, 2025

ACS CAN SUPPORTS SB 1281 SD2 HD1 – RELATING TO TELEHEALTH.

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

Thank you for the opportunity to **SUPPORT** SB 1281 SD2 – 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 outcomes.

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.ⁱ

Thank you again for the opportunity to provide testimony to SUPPORT this bill. 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.

ⁱSurvivor Views: Telehealth and Clinical Trials. ACS CAN. Oct. 2021.

https://www.fightcancer.org/sites/default/files/national_documents/survivorviews-telehealth-trials.pdf



**WAIANAE COAST
COMPREHENSIVE
HEALTH CENTER**

**Friday, March 28, 2025 at 2:00 PM
State Capitol, Conference Room 308 & Videoconference**

HOUSE COMMITTEE ON FINANCE

**To: Chair Kyle T. Yamashita
Vice Chair Jenna Takenouchi**

**From: Michele Chrissy Kuahine
Director of Technology Equity**

**RE: TESTIMONY IN SUPPORT OF SENATE BILL 1281 SD2 HD 1 - RELATING TO
TELEHEALTH**

Aloha Chair Yamashita, Vice Chair Takenouchi, and Members of the Committee,

My name is Michele Chrissy Kuahine, and I am submitting this testimony in my capacity as the Director of Technology Equity at the Waianae Coast Comprehensive Health Center (WCCHC). **WCCHC strongly supports SB1281 SD2 HD1 with the following comments**, as telehealth, including audio-only telehealth, is a critical tool to improve healthcare access, particularly in light of the ongoing provider shortages in our State.

WCCHC is a Federally Qualified Health Center dedicated to improving the health and well-being of the West O'ahu community through accessible and affordable medical and traditional healing services, including outreach to people experiencing homelessness, crucial for our community's wellbeing. With 52 years of service, WCCHC is committed to providing comprehensive healthcare by addressing social determinants of health. Many of our patients face barriers such as unreliable broadband, limited digital literacy, and inability to afford smartphones for video telehealth. For these individuals, audio-only telehealth is their only access to care.

Telehealth has proven to be a vital tool in improving healthcare access by:

- Reducing transportation barriers and enabling patients, especially in rural areas, to connect with providers from home, saving time and reducing stress
- Providing familiar, accessible options like phone calls, which are especially beneficial for kupuna who may struggle with video conferencing
- Requiring minimal infrastructure, making audio-only services a practical solution for patients in resource-limited settings

We also strongly support the provision that **audio-only services should be permanently allowed** when the provider is capable of video, but the **patient is either unable or chooses not to use** video technology (U.S. Department of Health and Human Services, 2024). This ensures that primary care and chronic disease management can continue via audio-only telehealth, providing critical access for those facing digital barriers. This policy aligns with CMS guidelines and ensures that patients are not excluded from receiving essential healthcare services due to technological limitations.



**WAIANAЕ COAST
COMPREHENSIVE
HEALTH CENTER**

Furthermore, we support an extension of Act 107, SLH 2023, as it pertains to Chapter 346, HRS, to ensure that audio-only telehealth remains a vital tool in improving access to care. Should the Legislature seek to expand the services available via audio-only telehealth, we fully support such efforts. This measure, as amended (and in previous versions), would ensure **audio-only telehealth** remains a critical resource **for improving access to care, especially given the provider shortages** in Hawaii.

Mahalo for the opportunity to testify in **support with comments on SB1281 SD2 HD1**.

Reference

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SB-1281-HD-1

Submitted on: 3/27/2025 9:37:08 AM

Testimony for FIN on 3/28/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kelley Withy	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice-Chair and Members of the Committee,

I have been working for 20 years to help Hawaii develop an adequate health workforce to provide healthcare where it is needed, when it is needed. I have very slow progress. Telehealth has made much more of an impact than I have.

Telehealth is one of the most important tools we can use in an island state such as ours. It provides access to healthcare for those who can't reach the office physically for so many reasons. It saves time, stress and money.

Please make sure that reimbursement of services provided through telehealth via an interactive telecommunications system will be reimbursed, and therefore utilized!

Mahalo,

Kelley Withy, MD, PhD