

ACT 278

H.B. NO. 2852

A Bill for an Act Relating to Telehealth.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. The legislature finds that telehealth is a useful and powerful tool to efficiently access health services. It is especially useful for rural and medically underserved areas because it allows health care professionals to provide care and expertise to those who are not in the same location. Telehealth is the use of

telecommunications and information technology to deliver health and health care services and information to parties separated by distance.

Telehealth is not a benefit, or a treatment modality. Rather, it is an enabling process through which delivery of timely access to care is supported. Examples of telehealth applications in Hawaii include:

- (1) Maui Memorial Hospital's angiogram transmission to Straub and Queen's medical facilities on Oahu;
- (2) X-ray transmissions from Kamuela, Hawaii, to Oahu;
- (3) Emergency room consultation service between Molokai General Hospital and Queen's Medical Center on Oahu;
- (4) Telehealth facilities under construction next to Hilo Medical Center; and
- (5) Telehealth facilities at Saint Francis Dialysis Center on Kauai.

Telehealth will reduce health care costs for our citizens because it can minimize the cost of travel to a different island for medical care. For example, those directed by their clinician to travel to another island for health care need to consider not only transportation costs, but also baby-sitting costs for children, the costs of having a family member accompany the person seeking health care, and possible hotel costs while on the other island. Some residents are not able to afford these costs, and thus, do not receive the health care they require.

Telehealth may help correct this problem by allowing those who do not have the means to travel, to access health care expertise through telecommunications at the location where they live. Telehealth offers improved access to health care, improved quality of care, better continuity of care, and provisions for more ongoing care, if necessary. Telehealth benefits patients, providers, insurers, and our society as a whole.

Telehealth is also useful for preventive health care such as ruling out diabetic retinopathy to prevent blindness. Before telehealth, the picture of the inside of a patient's eye (retina) was sent to a specialist via the postal system and took between two to three days to reach the specialist for diagnostic review. With telehealth, the patient's doctor can transmit the picture to the specialist who can review the picture and immediately render a diagnosis. If necessary, the patient's doctor can begin treatment immediately. The patient remains close to home, and receives quality and timely health care.

Telehealth is effective in emergency room stabilization cases. For example, a Hawaii resident was seen in a Maui county emergency room experiencing severe abdominal pain. The Maui county clinicians considered transporting the patient to Oahu at great patient expense. Instead, the clinicians used telehealth to remotely assess the patient. With the help of an Oahu-based specialist, the patient was stabilized in the Maui county hospital, and flew the next day to Oahu via a commercial airplane flight instead of an air ambulance. An air ambulance would have cost the patient between \$4,000-\$8,000. Telehealth also facilitated the necessary preparation work to simplify the patient's admission to the Oahu hospital.

Telehealth can enhance rural hospitals' coverage by offering health care services on a twenty-four hour basis. This improves the financial stability of rural hospitals by allowing them to retain more patients and keep the health care dollars in the local areas.

Telehealth allows health care professionals who are not in the same room as the patient to assess, diagnose, consult, supervise, educate, treat, or conduct case management. Telehealth has the potential to reduce costs, improve quality of care, and improve access to care.

Consumers will benefit from telehealth because it allows expanded access to primary care physicians and specialists, and other health professionals such as nurse practitioners, physician assistants, and therapists. Hawaii citizens will experience

timely access to care and more convenient treatment, better continuity of care, and a reduction in the amount of lost work time and travel costs to obtain health care because of telehealth. Telehealth is especially useful in Hawaii because the State is made up of a chain of islands and travel between islands is not always feasible or necessary for health care. In particular, those who have limited access to transportation such as Hawaii's senior citizens or disabled individuals may receive health services in their homes or in a nearby health facility.

Telehealth has been used in one form or another for thirty years. Telehealth projects currently exist in at least forty states.

The purpose of this Act is to reduce the barriers to and expand the use of telehealth.

SECTION 2. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to part I of article 10A to be appropriately designated and to read as follows:

“§431:10A- Telehealth. (a) It is the intent of the legislature to recognize the application of telehealth as a reimbursable service by which an individual shall receive medical services from a health care provider without face-to-face contact with the provider.

(b) For the purposes of this section, “telehealth” means the use of telecommunications services, as defined in section 269-1, and enhanced services to deliver health and health care services and information to parties separated by distance. Standard telephone, facsimile transmissions, or both in the absence of other integrated information and data, do not constitute telehealth services.

(c) From July 1, 1998, no accident and sickness insurance plan that is issued, amended, or renewed shall require face-to-face contact between a health care provider and a patient as a prerequisite for payment for services appropriately provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. The coverage required in this section may be subject to all terms and conditions of the plan agreed upon among the enrollee or subscriber, the insurer, and the provider.”

SECTION 3. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to article 1 to be appropriately designated and to read as follows:

“§432:1- Telehealth. (a) It is the intent of the legislature to recognize the application of telehealth as a reimbursable service by which an individual shall receive medical services from a health care provider without face-to-face contact with the provider.

(b) For the purposes of this section, “telehealth” means the use of telecommunications services, as defined in section 269-1, and enhanced services to deliver health and health care services and information to parties separated by distance. Standard telephone, facsimile transmissions, or both in the absence of other integrated information and data, do not constitute telehealth services.

(c) From July 1, 1998, no mutual benefit society plan that is issued, amended, or renewed shall require face-to-face contact between a health care provider and a patient as a prerequisite for payment for services appropriately provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. The coverage required in this section may be subject to all terms and conditions of the plan agreed upon among the enrollee or subscriber, the mutual benefit society, and the provider.”

SECTION 4. Chapter 432D, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

“§432D- Telehealth. (a) It is the intent of the legislature to recognize the application of telehealth as a reimbursable service by which an individual shall receive medical services from a health care provider without face-to-face contact with the provider.

(b) For the purposes of this section, “telehealth” means the use of telecommunications services, as defined in section 269-1, and enhanced services to deliver health and health care services and information to parties separated by distance. Standard telephone, facsimile transmissions, or both in the absence of other integrated information and data, do not constitute telehealth services.

(c) From July 1, 1998, no health maintenance organization plan that is issued, amended, or renewed shall require face-to-face contact between a health care provider and a patient as a prerequisite for payment for services appropriately provided through telehealth in accordance with generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. The coverage required in this section may be subject to all terms and conditions of the plan agreed upon among the enrollee or subscriber, the health maintenance organization, and the provider.”

SECTION 5. Nothing in this Act shall preclude any health professional, within the scope of the health professional’s practice, from employing the technology of telehealth within the health professional’s practice. Such action shall not be interpreted as practicing medicine without a license.

SECTION 6. New statutory material is underscored.¹

SECTION 7. This Act shall take effect on July 1, 1998.

(Approved July 20, 1998.)

Note

1. Edited pursuant to HRS §23G-16.5.