



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Health
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SB 1281 SD2 – RELATING TO TELEHEALTH

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

Thank you for the opportunity to provide **comments** on SB 1281 SD2, which seeks to update the laws on telehealth services to conform with federal Medicare regulations specifically regarding audio-only interactive telecommunication services for behavioral mental health. The bill also requires the Insurance Commissioner to report to the Legislature on reimbursements claimed in the previous year for certain telehealth services.

We acknowledge the intent of this measure to support communities most affected by healthcare disparities. However, the current uncertainty surrounding Federal government policies and Centers for Medicare and Medicaid Services (CMS) regulations suggests that this measure may not be timely. Additionally, we have been working with partners to gain more clarity on this issue, and suggest that rather than proceeding with the substantive provisions of SB 1281 SD2, the prudent course of action may be to allow Act 107, SLH 2023, which was scheduled to sunset on December 31, 2025, to become permanent as reflected in the current version of the bill. Doing so would give Hawai'i time to adjust to new federal policies that may be implemented and/or clarified. Numerous telehealth initiatives in Hawai'i are successfully improving access to care in various settings, including libraries, community centers, homeless shelters, churches, and through street medicine, to name a few. Extending Act 107 will provide the flexibility to continue these programs beyond December 31, 2025 in light of the uncertainty at the Federal level.

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.

However, as currently drafted, the bill introduces a new restriction that would prohibit the use of telehealth to establish care. This would be a significant step backward in Hawaii's telehealth policy, creating unnecessary barriers to care for those in rural or remote areas of the State or who face limited access to transportation.

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.