A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAI'I:

PART I

SECTION 1. The legislature finds that telehealth adoption in Hawai'i is increasing. The report of findings from the 2017 Hawai'i Physician Workforce Assessment Project estimates that approximately fifteen per cent of providers report a telehealth experience, which is an increase from 2014 of less than five per cent. This rate increase coincides with the enactment of Act 159, Session Laws of Hawai'i 2014, and Act 226, Session Laws of Hawai'i 2016, both of which diminished several long-standing barriers to increased telehealth adoption, such as reimbursement parity with face-to-face visits and malpractice reform.

However, despite this favorable policy environment, telehealth utilization remains frustratingly low. A continuum of issues across multiple sectors must be addressed, such as incentives for provider adoption, patient comfort with new technology, health care workforce training, technology and
telecommunications infrastructure, and administrative
simplification between health systems.

The purpose of this Act is to establish permanent resources
to achieve the State's goal of establishing telehealth as a
community standard for health care access.

SECTION 2. Chapter 321, Hawaii Revised Statutes, is
amended by adding a new part to be appropriately designated and
to read as follows:

"PART . TELEHEALTH

§321-A Definitions. As used in this part, unless context
requires otherwise:

"Telehealth" means the use of telecommunications, as that
term is defined in section 269-1, to encompass four modalities:
store and forward technology, remote monitoring, live
consultation, and mobile health; and which shall include but not
be limited to real-time video conferencing-based communication,
secure interactive and non-interactive web-based communication,
and secure asynchronous information exchange, to transmit
patient medical information, including diagnostic-quality
digital images and laboratory results for medical interpretation
and diagnosis, for the purposes of: delivering enhanced health
care services and information while a patient is at an originating site and the physician is at a distant site; establishing a physician-patient relationship; evaluating a patient; or treating a patient.

§321-B Telehealth policy; roles and responsibilities. (a) It shall be the policy of the State, through its programs, authorities, and resources to promote telehealth to deliver health care from a distance as an effective way of overcoming certain barriers to accessing care, particularly for communities located in rural and remote areas.

(b) The department of health is authorized to lead statewide efforts to assure customer choice, reduce disparities in access to care, enhance health care provider availability, and improve quality of care through telehealth.

§321-C Strategic telehealth advisory council. (a) There is established within the department of health for administrative purposes a state strategic telehealth advisory council. The advisory council shall advise the governor in the development and implementation of a comprehensive plan to establish telehealth as high quality, cost-effective, and reliable means of health care access.
(b) The advisory council shall consist of at least nine members who shall be appointed by the governor without regard to section 26-35. The governor shall designate a member to be a chairperson of the advisory council. The director of health or a designee shall serve as an ex-officio non-voting member of the advisory council.

(c) In establishing the advisory council, the governor shall appoint at least:

(1) Two members of organizations that represent health care facilities, one of whom shall be representative of a hospital;

(2) Two members of organizations that represent health insurers, one of whom shall primarily serve medicaid beneficiaries;

(3) One member of organizations that represent broadband infrastructure or telecommunications services;

(4) One member from the office of the governor or a designee;

(5) Two members of long-term care services, one of whom shall be a representative of a nursing home and one
whom shall be a representative of a home health or community-based health services program; 

(6) Two health care practitioners, each of whom practices primarily in a rural county; and 

(7) One member of an organization that represents mental health providers; 

provided that there shall be at least one state strategic telehealth advisory council member from each county in the State.

The members shall serve without compensation but shall be reimbursed for actual expenses, including travel expenses, that are necessary for the performance of their duties.

(d) The state strategic telehealth advisory council shall be exempt from chapter 92.

§321-D Telehealth coordinator. (a) There is established a full-time telehealth coordinator to support the strategic telehealth advisory council. The telehealth coordinator shall facilitate the establishment of infrastructure and policies across all agencies of the State and private sector to promote the expansion of telehealth in Hawaii, including:
(1) Promoting administrative support to the strategic
telehealth advisory council;

(2) Coordinating with the department of commerce and
consumer affairs on issues relating to professional
and vocational licensing and insurance regulation as
related to telehealth.

(3) Coordinating with the department of commerce and
consumer affairs and department of business, economic
development, and tourism on broadband connectivity;

(4) Coordinating with the department of education, the
department of public safety, department of human
services, the employer-union health benefits trust
fund, and other state agencies that finance or provide
health care services to promote the use of telehealth;

(5) Coordinating with the University of Hawaii and other
agencies on telehealth research to assure quality,
cost effectiveness, and efficacy;

(6) Coordinating with the department of labor and
industrial relations, University of Hawaii, department
of education, and other agencies to assure a
telehealth-capable workforce;
1 (7) Coordinating with the office of the state chief
2 information officer on matters related to
3 cybersecurity; and
4
5 (8) Coordinating with the private sector to assure
6 alignment and consistency with state goals.
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8 (b) The coordinator shall be selected by the director of
9 health."
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11 SECTION 3. There is appropriated out of the general
12 revenues of the State of Hawaii the sum of $110,000 or so much
13 thereof as may be necessary for fiscal year 2019-2020 and the
14 same sum or so much thereof as may be necessary for fiscal year
15 2020-2021 for the establishment of one permanent full-time
16 equivalent (1.0 FTE) state telehealth coordinator position
17 within the department of health.
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19 The sums appropriated shall be expended by the department
20 of health for the purposes of this Act.
21
22 PART II
23
24 SECTION 4. (a) The department of health shall establish
25 and convene a working group to research and make recommendations
26 to reduce barriers related to health care system credentialing,
27 privileging, and related administrative processes that may
contribute to delays and inefficiencies for health care providers delivering care to patients.

(b) The members of the task force shall serve without compensation, but shall be reimbursed by the department of health for necessary expenses, including travel expenses, incurred for service on the task force. No member of the task force shall be made subject to section 84-17, Hawaii Revised Statutes, solely because of that member's participation in the task force. The task force shall be exempt from chapter 92, Hawaii Revised Statutes.

(c) The task force shall submit a final report, including recommendations for further action, to the legislature no later than twenty days before the convening of the regular session of 2020.

(d) The task force shall serve until it has achieved the objectives of this part, or twenty days prior to the convening of the regular session of 2020, whichever occurs first.

PART III

SECTION 5. In codifying the new sections added by section 2 of this Act, the revisor of statutes shall substitute
appropriate section numbers for the letters used in designating
the new sections in this Act.

SECTION 6. This Act shall take effect upon its approval,
and shall be repealed on January 1, 2022.
Report Title:
Telehealth; Task Force; Appropriation

Description:
Establishes a Telehealth Advisory Council within the DOH to advise the governor in the development and implementation of a comprehensive telehealth plan. Creates a permanent full-time Telehealth Coordinator to facilitate the establishment of infrastructure and policies across State and private entities and appropriates funds. Establishes a task force to reduce barriers in health care system credentialing, privileging, and other administrative processes. Act is repealed January 1, 2022. (HB141 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.