



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Testimony Presented Before the  
House Committee on Consumer Protection & Commerce  
Friday, February 12, 2021 at 2:00 p.m.

By

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### HB 473 HD1 – RELATING TO TELEHEALTH

Chair Johanson, Vice Chair Kitagawa, and members of the Committee:

Thank you for this opportunity to testify in **strong support** of HB 473 HD1, which authorizes the establishment of a physician-patient relationship via a telehealth interaction when the physician is licensed to practice medicine in the state.

This bill amends language in HRS §453-1.3 to clarify that a physician-patient relationship may be established via telehealth, provided that the physician has a license to practice medicine in the State of Hawai'i. During the onset of the Coronavirus Pandemic, it was found that this language needed to be clarified in order to align with other statutory telehealth provisions that already allow for the establishment of a physician-patient relationship via a telehealth interaction; thus, it was addressed in the Governor's emergency proclamation and temporary waivers. This bill is needed to codify the changes permanently in law and align with other existing HRS allowances.

The COVID-19 pandemic has resulted in an increase use of telehealth services. However, the existing state law relating to the practice of telehealth is ambiguous regarding whether a patient can use telehealth to establish a relationship with a physician. The provision for establishing a physician-patient relationship via telehealth is a common practice and significantly aids in expanding access to health care services especially for patients and families who live in rural areas and/or are otherwise unable to receive the care they need.

Since 1999, the use and expansion of telehealth services and technology in Hawaii has been recognized as a way to increase access and reduce delays to health care, particularly in rural areas of the. 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 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. These determinants of health, as well as social- or cultural-isolation can often

impede seeking care or follow-up after a doctor's appointment or hospitalization. Being able to provide telehealth services at community health centers or in the home has tremendous potential for improving the health of patients, their families, as well as providing cost-savings to the entire health system by avoiding emergency department or hospitalization costs.

With the increase in the demand for and use of telehealth to diagnose, treat, and monitor illness, this measure greatly improves the understanding of the doctor-patient relationship when telehealth is utilized.

Thank you for this opportunity to testify in strong support of HB 473 HD1.