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HCR 49 – REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Thank you for the opportunity to testify in **strong support** of HCR 49 which requests the establishment of a telehealth working group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and to optimize telehealth utilization as Hawai'i transitions out of the COVID-19 pandemic.

The University of Hawai'i College of Social Sciences and the Social Science Research Institute houses the Pacific Basin Telehealth Resource Center (PBTRC). The PBTRC is one of fourteen Telehealth Resource Centers in the United States, which is Federally funded by the Health Resources & Services Administration (HRSA). The PBTRC serves as a regional telehealth resource center for the State of Hawai'i and the U.S. Affiliated Pacific Islands, and brings together telehealth stakeholders throughout the State of Hawai'i, including a Telehealth leadership Hui with representation from health care providers and systems.

The John A. Burns School of Medicine (JABSOM) would welcome the opportunity to participate on the telehealth working group and be able to provide valuable insight and information regarding telehealth, as JABSOM have been working on this issue with the UH College of Social Sciences, Social Science Research Institute (CSS-SSRI) Pacific Basin Telehealth Resource Center for several years. The University of Hawai'i request that one JABSOM faculty member be permitted to be a part of the working group. This would increase the University of Hawai'i members on the working

group to two (2): One from the Pacific Basin Telehealth Resource Center (as stated in HCR 49) and the other from JABSOM.

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 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.

During the COVID-19 pandemic, telehealth became an important tool in the delivery of healthcare throughout the state. Patients suffered through the inability to access providers via in-person visits and had no alternative but to turn to telehealth. One of the realities for Hawai'i is that many of those most in need of telehealth, including 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 access to necessary healthcare. An examination of the utilization of telehealth during the pandemic would provide meaningful data and information that may shape the future use of telehealth as a viable means to deliver healthcare.

The University of Hawai'i recognizes the importance of telehealth adoption and its potential to impact safety, utilization, total cost of care, and patient satisfaction in the State of Hawai'i. A full evaluation of the impact of widespread telehealth adoption in the State will provide valuable insights into existing challenges and benefits. We appreciate the efforts made to promote the use of telehealth in the State.

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