

Date: February 9, 2021

Bill: Senate Bill 0567 – Telehealth Services - Expansion

Position: Support with Amendment

Senate Bill 0567 serves to expand telehealth access regardless of recipient and provider physical locations and support licensed and/or certified health care providers to render mental health services via telehealth platform. As written, there is promotion of care access, however, I respectfully request and propose clarification of the following section, (c)(1)(i) and (ii) [located on page 6, lines 14-19] which states:

“An entity subject to this section: (i) shall provide coverage under a health insurance policy or contract for health care services appropriately delivered through telehealth; and (ii) may not exclude from coverage a health care service solely because it is provided through telehealth and is not provided through an in-person consultation or contact between a health care provider and a patient.”

Proposed revision for section (c)(1)(i):

“...shall provide equitable coverage and reimbursement under a health insurance policy or contract for health care services appropriately delivered through telehealth regardless of entity or facility type.”

This proposed amendment enables health care providers to render a telehealth care service - including mental health - and be reimbursed equitably for the telehealth services provided regardless of entity-type, if the provider is a covered provider under the health insurance policy or contract. Reimbursement stratification continues to remain as a barrier for healthcare providers seeking employment and may, in-part, perpetuate impediment of care access.

As a physician assistant (PA) working in psychiatry and telemedicine, I am concerned about how this clause may be viewed as-written. In particular, insurers may interpret this section as rationale to withhold or restrict reimbursement for a service based on the entity or facility type. For instance, reimbursement has varied in outpatient mental health services based on office/clinic setting, such as with designated Outpatient Mental Health Clinics (OMHCs) versus a private clinic or office setting. These settings may accept the same insurance type and despite the health care provider having appropriate licensing and authorization to perform such telemental health (TMH) or psychiatric services *and* regardless of being a “covered provider” under the health insurance policy or contract, reimbursement differentiation is significant. This disparity of reimbursement coverage based on the entity or facility between in-person mental health services *and* TMH impedes the care access Senate Bill 0567 and telehealth services, inherently, strives to expand. It is vital that telehealth services continue beyond the public health emergency of COVID-19 with community access regardless of location (by both the recipient and health care provider), and that all licensed medical providers be eligible for service reimbursement (physicians, nurse practitioners, and physician assistants) regardless of the entity/facility

type, to further extend this care access. Otherwise, it may also be an employment deterrent for certain health care providers.

As a PA providing health care access in psychiatry and telemedicine, I advocate **SUPPORT WITH AMENDMENT** of Senate Bill 0567.

Sincerely,

A handwritten signature in black ink, appearing to read 'Laurarose Dunn-O'Farrell', written in a cursive style.

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