

525 Clinton Street
Bow, NH 03304
Voice: 603-228-2830
Fax: 603-228-2464



61 Elm Street
Montpelier, VT 05602
Voice: 802-229-0002
Fax: 802-223-2336

Written Testimony on Reimbursement for Telehealth to House Health Care Committee

Mary Kate Mohlman
Director, Vermont Public Policy
Bi-State Primary Care Association
February 15, 2024

Madame Chair, Members of the Committee:

Thank you for the opportunity to testify on the Committee's bill on telehealth that supports parity in reimbursement between telehealth and in-person visits. I am here today on behalf of the members of Bi-State Primary Care Association.

Bi-State Primary Care Association is a nonprofit organization established in 1986 to advance access to comprehensive primary care and preventive services for anyone regardless of insurance status or ability to pay. Today, Bi-State represents 26 member organizations across both Vermont and New Hampshire. Our members include Federally Qualified Health Centers (FQHCs), Vermont Free and Referral Clinics, and Planned Parenthood of Northern New England.

I am here to speak in support of the Committee's bill. I have spoken to our members' providers at length. While they highly value in-person visits, they have also stated that telehealth visits, including audio-only, need to remain an option for them to meet patient needs and increase access. Examples for when a patient might need audio-only include when they cannot make a scheduled in-person appointment due to unforeseen circumstances, or when an audio-only visit is clinically appropriate and saves the patient a trip to the doctor's office, such as a follow-up visit or prescribing Paxlovid (which must be administered within a limited window of time). When providers are not paid for the work they do, they stop offering the service. We have seen this in some of our health centers. However, to be clear, if the decision is between providing the care or not, such as a patient not being able to make an in-person visit, health centers provide the care by telehealth and eat the cost. That is a key part of the health centers' mission: to provide care regardless and minimize financial barriers to the patient.

Telehealth, including audio-only, is no less work. The provider still needs to prep for the visit the same way they would for in-person; they still need to record the visit notes in the patient's medical record just as they would do for an in-person visit; and they still need to carry out any follow-up steps such as coordinating with specialists, updating prescriptions, and working with the rest of the patient's care team.

A key part of this conversation is the patient. What do patients prefer? How satisfied are they with the care they receive? The National Association of Community Health Centers and JSI in 2023 conducted a national survey of health center patients on their satisfaction with telehealth, including audio-only. You can access the report at: <https://www.nachc.org/resource/assessing-patient-satisfaction-with-telehealth-at-community-health-centers-a-policy-brief/>

The researchers found that approximately 90% of respondents felt that telehealth:

- Helped them get access to care;
- Saved them traveling time to get to the health center; and
- Addressed their health care needs.

Overall, 87.7% of respondents were satisfied with the telehealth services they received. Of note, over half the respondents had received at least one audio-only visit. When broken down by age, 83% of those 70 and older had an audio-only visit. This proportion was the highest among all age groups and reflects the patient's preference in technology.

The study further stratified by age, race/ethnicity, gender, (including cis and transgender), and those with disabilities. Respondents in each of these categories reported favorably on telehealth as a modality of care.

The health care sector is going through a paradigm shift with how we interact with patients, and what patients in turn expect from the health care system. We need to continue to monitor the evolution, but we cannot evolve if providers do not have the flexibility and reimbursement to deliver care in ways that meet the changing needs, expectations, and preferences of individuals. Telehealth is not what it was at the beginning of the pandemic. It has seen substantial advancements and more can be made. It will *never replace the value of in-person visits* but should be viewed as an *additional way to engage patients* in improving and managing their and their family's health. If we are going to continue to support providers in using these modes of care to expand access and meet patient needs and preferences, providers must get paid for the work they do.

Thank you again for your opportunity to testify on behalf of Bi-State members on the issue of reimbursement for telehealth. I am available for further questions.