

# VERMONT MEDICAL SOCIETY

**Date: March 29, 2017**

**To: House Health Care Committee**

**From: Jessa Barnard, VMS General Counsel & Vice President for Policy**

**Re: Support for S. 50, Insurance Coverage for Telemedicine Services**

The Vermont Medical Society appreciates the invitation to testify before you today regarding S. 50, related to providing insurance coverage for telemedicine services. The VMS is the state's largest physician membership organization, representing over 2000 physicians, medical residents and medical students across specialties and geographic and practice location.

VMS supports the efforts of S. 50 to increase and clarify insurance coverage for telemedicine services. VMS and our members support the provision of the "right care, at the right time, in the right place." Technology has allowed physicians to provide many services that keep patients healthy and avoid higher cost interventions but are not currently reimbursed by insurance companies. An example of this includes using secure patient-physician email to lead to better outcomes for patients with diabetes. (See attached VMS Resolution, *Reimbursement to Physicians for Providing Non Face-to-Face Care.*)

Consistent with these policies, VMS supports telehealth services being available to patients located outside of the health care facility setting. This is of particular interest in the area of mental health services. Just in December, a psychiatrist in a private out-patient practice contacted us with the following question:

*We're trying to figure out exactly what the current Medicaid regulations are regarding telepsychiatry. So far, Medicaid is referring us back to state law, but we can't really find any clear, practical, written guidance. For example, does the patient need to be in an office, or can they be at home? Can all licensed mental health professionals utilize telepsychiatry/tele-mental health services or is it limited to psychiatrists and perhaps nurse practitioners? Do you have or can you help us track down any additional information? We have a number of clinicians in the practice who are ready and willing to provide tele-health services, but I'm reluctant to start, especially with Medicaid, unless and until we have clear and specific guidance.*

While law and policy address DVHA reimbursement for telemedicine services in primary care when a patient is located outside of a health care facility, there is not a parallel policy for psychiatry or other non-primary care services. A more consistent policy applicable to all areas of medicine would encourage more practices to offer telehealth services and could potentially expanded access to services.

While VMS does note that not all services may be appropriate to be provided remotely, especially if the patient is not located in a health care facility where another clinician is available to examine the patient, the Board of Medical Practice has provided guidance to physicians and other Board licensees on these topics in the Board *Policy on the Appropriate Use of*

*Telemedicine Technologies in the Practice of Medicine* (attached).

VMS also agrees with the recommendations made regarding the bill by Dr. Terry Rabinowitz. Several of these were adopted by the Senate, including defining “distant site” and “originating site” and including an expanded but defined list of “health care provider.”

VMS does recommend that the Committee consider the following modifications to the bill:

1. In Section 1 (a) add that reimbursement for services provided through telehealth should be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and patient. VMS’ understanding of the current language is that it applies to insurance plans providing the same coverage from the patient’s perspective for telemedicine services, but does not apply to the terms of reimbursement.
2. Remove and/or clarify the requirement in Section 1(c) that a health insurance plan “may require originating site health care providers to document the reason the services are being provided by telemedicine rather than in person.” One major purpose of the bill is to eliminate the requirement that a patient use telemedicine from an originating site at which a health care provider is located and can include locations such as the patient’s home or workplace. If health care providers are no longer required to even be present at an originating site, the purpose of this requirement is unclear to VMS.

Thank you for taking up this bill and for considering VMS’s comments.