

3/29/17 Testimony to VT House Health Care Committee
S.50: Telemedicine, Patient in a Non-Medical Environment

3/30/17 NOTE:

This document has been submitted to the Health Care Committee. The contents of this document were provided verbally, and not verbatim. Not every client composite or detail was provided verbally during testimony on 3/29/17.

CREENTIALS

Tammie Consejo, *Founder/Co-Owner Healthy Minds: Counseling, Consultation & Education* in rural, high poverty, high crime Franklin County

MA, Counseling: Clinical Mental Health & College

Licensed Clinical Mental Health Counselor

Certificate: Basic Mediation

Ph.D. Education: Leadership for Higher Education:

College Administrator & Professor nearly 20 years at public & private colleges in VT & Massachusetts, including: being part of a team in VT at the forefront of developing online teaching & learning; Assistant Academic Dean in charge of Distance Learning at a college in MA; and online professor in VT & MA (100- level through Master's-level)

Member: TeleMental Health Institute, Inc.

Took Several Local and National Trainings in Telemental Health

Including: Legal & Ethical Considerations, HIPPA-Compliance - Protecting Confidentiality & Privacy, Effective Delivery of Online Counseling, Using Technology

COMPOSITES OF ACTUAL CLIENT SITUATIONS

(Verbal remarks to match bullet points in handout)

Names & Identifying Information have been changed

Heather weighs more than 600 pounds. She sometimes missed individual appointments when it was too difficult for her to get out of the house. This meant she did not receive enough counseling, and I lost income from missed appointments. We switched to online counseling; Heather has never missed an appointment online. BUT,

we meet less often because I accept \$25/session. This is a significant financial strain for Heather as she is on Medicare (Disability Income) and Medicaid. For me, I lose \$\$ on every session.

My client, **Valerie** moved to Central Vermont to accept a job. She could not find a suitable therapist who specializes in eating disorders. Although she has Blue Cross/Blue Shield, we cannot use it online, and she lives too far away to travel to sessions. I agreed to accept \$25/session, which would have been her co-pay. For this young professional just starting out in her career with a beginner's salary and large student loans, that is all she can afford. I lose \$\$ every session.

Shannon had an organ transplant. Had she been feeling strong enough to have counseling online while in the hospital and rehab, her insurance, Blue Cross/Blue Shield, would have paid. Following rehab, she had a several month recovery period at home, with daily home health services. Traveling to counseling appointments was extremely difficult so sessions were very limited, at a time when she greatly needed counseling.

Lesley was a well-educated professional on partially unpaid leave from work to receive substance abuse treatment. She saw a substance abuse counselor, but she also worked with me for treatment of the underlying trauma that led to her substance abuse. She sometimes had to miss sessions because she lost her license and could not always get a ride, there were no busses in her area, and she could not afford a taxi. She received less treatment and I lost income from missed sessions. Lesley's insurance was Blue Cross/Blue Shield.

Brian was enrolled as a first-year student at college. Prior to his departure, I was working with him *at his home* for extreme social anxiety that had worsened after high school graduation, to the point that he would not leave his home. I was able to meet with Brian at his home only because he lived very close to my office. Brian left for college, but became suicidal his first day at college. After assessment at a hospital emergency room, he returned home with his parents. For several months, I met with him 1-2 times per week, mostly at his home. He is now is working full-time, learning a trade, and living in his own apartment. Had I not been able to meet with him at his home, he would not have received treatment. He would have been an excellent candidate for online counseling.

Peter travels nearly 200 miles round trip, weekly, to meet with me. He lives in a tiny town in a rural county. Peter is gender fluid and cannot find a local therapist who is knowledgeable about non-heterosexual genders and other things he wants to work on. Peter would like to have online sessions, but his insurance, MVP, would not approve

it, even though we asked for special permission. As of January 1st 2017, MVP will approve Ph.D Psychologists and Social Workers to provide online sessions (NOT: Clinical Mental Health Counselors, Marriage and Family Therapists, Psy.D Psychologists, Master's-level Psychologists or Substance Abuse Counselors, who already provide services in-person). The Ph.D. psychologist or Social Worker must first be accepted by a panel of professional peers after providing a vitae. IF accepted, the therapist also needs to pay for and use American Well as an online platform and the therapist must also see the patients of other therapists. To use MVP online, Peter would have to change to another therapist. He has tried many therapists over the years and finally has one that he finds helpful. He continues to travel to my office. It is fortunate for Peter that he is a self-employed farmer who can arrange his schedule to travel.