

To: Senate Committee on Health Care & House Health Care
From: Jessa Barnard, Vermont Medical Society
Date: May 5, 2020
RE: Telehealth

The Vermont Medical Society is the State's largest physician membership organization, representing approximately 2,400 physicians, physician assistants and medical students of all practice types and locations. The Vermont Medical Society (VMS) thanks the Committees for your interest in telehealth services and reimbursement. In particular, it is very important to be thinking about what aspects of telehealth we continue to support and grow throughout the next 12-24 months and beyond.

In sum, we ask that the Committee continue to extend the regulatory flexibility in H. 742/Act 91 for licensure and telehealth services through at least June 30, 2021. Second, reimbursement for audio-only services should be continued. Regardless of when the Governor may end the state of emergency, the COVID 19 virus is likely to be with us for some time, and health care professionals will need to adjust their practice to keep patients as safe as possible. The guidance released by the administration yesterday regarding reopening of some non-urgent health care visits and procedures still recommends the use of telehealth services when possible. Therefore, VMS recommends that the Committee extend the provisions of H. 742 and audio-only coverage independent of a declared state of emergency.

We have recently surveyed our members regarding the strengths and drawbacks of telehealth services. We have only begun to collect responses and will be happy to share the full results once we hear from more members. But of those who have responded to-date, 66% report being able to implement telehealth to the full extent they hoped. Positive comments ranged from the convenience for patients, to saving driving time and expense, to having visits be more relaxed with richer dialogue. I will defer to VMS Member, Dr. Katie Marvin, who is testifying later this morning to share stories about how telehealth has allowed her to serve her patients during the COVID-19 pandemic.

Despite the amazing transition to telehealth services in a short period of time, all of our survey respondents also shared that there had been technological difficulties in implementation, such as:

- Patient connectivity: Lack of broadband/ low bandwidth/lack of wifi
- Lack of technology: patient difficulty installing software/lack of equipment/lack of understanding

One respondent explained that due to these issues, up to 50% of visits end up converting from video to audio-only. The largest concern we heard regarding telehealth services, until CMS changed its position last week, was the limited number of services covered and low reimbursement for audio-only services for Medicare beneficiaries, who are likely some of the Vermonters the least able to access video capability. Therefore, VMS strongly urges your Committees to require insurers to continue to provide coverage for audio-only visits. While not all visits are appropriate for audio-only, the determination that any visit can be provided over remote means is based on the clinical judgement of the provider. It is issue of equitable access to health care services to provide phone-only services to patient lacking video connections.

Thank you again for your attention to these issues and please don't hesitate to reach out with questions to me at jbarnard@vtmd.org or 802-917-1460.