Dear Members of the Senate Health & Welfare Committee:

Thank you for the opportunity to provide input on a proposal to only pay at parity for audio-only mental health visits and below parity for other visits. The provider organizations listed below have considered this proposal and do not support such a change. We fully support the language as proposed by the House Health Care Committee, Drafting Request 21-0873 – draft 3.4. We support draft 3.4 for the following reasons:

- Draft 3.4 reflects months of work by the VPQHC and DFR work groups to hear from experts, consider the evidence and data and provide recommendations regarding the quality and coverage for audio-only telehealth services. None of the recommendations support bifurcating "mental health" from "other health care" services. As you have heard and will hear more today from VPQHC, there is an established and growing body of evidence that audio-only services can be appropriate in a number of settings and specialties. As demonstrated in the Fiscal Note provided to the Committee, there is also no evidence at this point that paying at parity for visits will increase health care costs. This work is not novel or unprecedented: lawmakers in nearly every state have introduced about 300 bills this year to expand access to telehealth services and New Hampshire and New York already mandate coverage for audio-only.

- Mental health is part of a provider continuum of health care, and we want to ensure access to audio-only care for any appropriate health care need. Bifurcating coverage moves away from years of commitment by the State to move to parity in health access and coverage for all health and mental health services. Individuals served in the DA/SSA system are often the ones likely to benefit from audio-only primary care when access barriers crop up. Your Committee has also heard testimony providing examples of how audio-only services can be used to provide substance use disorder treatment or urgent primary care services – even diagnosing a baby with Type 1 diabetes – as well as establishing new patient care.

- Draft 3.4 already contains a number of safeguards providers have agreed to in order to ensure appropriate patient choice and quality of care:
  - A health insurance plan must only cover medically necessary, clinically appropriate health care services;
  - The provider must document the reason it was clinically appropriate to deliver health care by audio only;
  - The provider must document patient informed consent, not delay in-person care; and must not require audio-only services;
  - The informed consent must notify the patient regarding choice to receive audio-only care and potential cost implications;
  - A sunset on January 1, 2025 after additional data has been gathered and there has been time to develop alternative payment models (payers can stop paying at parity sooner if they develop a value based contract).

- Our goal is to transition to a sustainable plan for telehealth offered by Vermont health care practices, including all modalities and for all patients. We believe that making robust virtual care options available is critical to the future of health care. Reducing payment for audio-only services to primary care and other health care providers at this time will likely stop our progress toward this goal, and instead result in:

- Vermont-based health care providers significantly reducing the availability of virtual service or curtailing it altogether for patients without an audio-visual option. The result will in: removing patient choice, convenience and flexibility; reducing equitable access to care (those with broadband will still be able to access video visits as those are paid at parity under Vermont law); further weakening of Vermont's most economically fragile providers; favoring out-of-state for-profit telehealth vendors who can offer these services at a lower cost.
- Undermining efforts to move to payment reform and alternative payment models. Draft 3.4 only creates a bridge until payers are able to develop alternative payment models that include audio-only telehealth services. To make audio-only services a robust tool within an alternative payment model, providers must have the time and resources now to develop the necessary workflows, technology and skills to offer these services to their patients. Reducing payment now will stop those efforts in their tracks.

Thank you for your consideration and please reach out with any questions.

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