

February 23, 2021

RE: COVERAGE OF HEALTH CARE SERVICES DELIVERED BY AUDIO-ONLY TELEPHONE

Dear Madame Chair and Members of the Senate Committee on Health and Welfare,

My name is Lynn Stanley and I am the interim Executive Director of the Vermont Chapter of the National Association of Social Workers (NASW). I am asking you to support the proposed legislation, “An act relating to health care services delivered by audio-only telephone.” This legislation would ensure that all Vermonters have access to crucial telehealth services regardless of their ability to travel to an appointment, access a computer, or have reliable broadband service. Many social workers in private or small group practices providing psychotherapy services to Vermonters are small businesses. They are struggling to survive the circumstances of the pandemic. Even in more certain times they are vulnerable to the vicissitudes of the insurance reimbursors and their policies. By supporting this legislation, you are supporting greater access to health services for all Vermonters and an essential community of mental health care providers.

The unusual and urgent circumstances of the pandemic have necessitated the expansion of health care access to include more telehealth services including telephone or audio-only. We have been able to learn a lot about who is most likely to utilize audio-only services. Recent studies conducted by the National Institute of Health show that while the overall usage of audio-visual telehealth appointments increased after the beginning of the pandemic and the instituting of emergency stay at home orders, access to health services for the most vulnerable, including people with Medicaid or Medicare, older adults, Black people, and people in rural areas decreased. This is largely due to the barriers associated with audio-visual telehealth appointments. Another study, published by the RAND Corporation earlier this month, shows that Americans with a lower socio-economic status were greatly overrepresented in the use of audio-only telehealth services in accessing their health care appointments. This suggests that audio-only options provide a crucial route of access for the most vulnerable to vital health services. The prohibition or reduction of the reimbursement for these services by insurance companies would certainly cause a great and unnecessary health disparity. While nearly everyone has access to a telephone not everyone has access to reliable transportation or can see a provider in person during the pandemic. Many low-income and/or rural Vermonters lack access to reliable internet for connecting to audio-visual telehealth services.

It is important to stress that while audio-only telehealth services provide a crucial, alternate route

of access to health services for Vermonters, the services themselves do not alternate from the uniform standards of care that are provided through either audio-visual telehealth or in person services. As the language of this bill makes clear, providers must deliver the same standard of care in their audio-only telehealth appointments. When clinicians meet with their clients over the telephone, they utilize the same diagnostic criteria for their assessments and the same evidence-based treatments they would utilize in an in-office visit. This ensures equitable access to care for all clients, regardless of their route of access. Clinicians use evidence-based practice and their professional judgment to determine when clients cannot be served using audio-only.

Because clinicians provide a uniform standard of care for their clients, they necessarily devote the same amount of time and perform the same amount of labor in an audio-only telephone visit as they would in an audio-visual or in-person visit. It is only reasonable to conclude that if clinicians deliver a qualitatively identical service they should be reimbursed for that service as if it had occurred in their office. For most clinicians and social service organizations their ability to provide services is contingent on third-party reimbursement from private insurance or public programs like Medicaid and Medicare. This bill is not only a vital healthcare bill but also a vital support to the community of small practices and service agencies in this state.

I thank you for taking the time to read my testimony today and I urge you to vote yes on this bill. I am happy to answer any questions you may have today or in the future.

Respectfully submitted,

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