

March 22, 2024

Delivered via e-mail to the Senate Finance Committee

Dear Chair Cummings and Committee:

The Vermont Association of Hospitals and Health Systems represents every hospital in the state, all of which are nonprofit organizations. We are writing in support of [H.861](#), a bill supporting permanent reimbursement parity for audio-visual and audio-only telehealth services.

### **Telehealth provides greater choices for a rural and aging population**

The Vermont Department of Health recommends the continuation and expansion of telehealth services to ensure access to mental health services for older Vermonters, those who live in rural areas, those who have a disability or lack transportation, and those who suffer from depression.<sup>1</sup> Telehealth is also valuable for follow-up medical care and can save patients travel time, stress of taking time from work, and related expenses.<sup>2</sup> Furthermore, a survey conducted by the National Association of Community Health Centers found that 87.7% of respondents were satisfied with the telehealth services.<sup>3</sup> As a rural and rapidly aging state with barriers to transportation, it is crucial that Vermont provide multiple treatment options through audio-visual and audio-only telehealth so that patients may maintain access to care.

### **Importance of Reimbursement Parity for Telehealth**

To continue offering telehealth, providers must be adequately reimbursed for their services. Reimbursing at a lower rate for the same service disincentivizes providers from offering telehealth as an option. Because the service and the expertise behind a clinically appropriate telehealth visit remains the same, regardless of whether it is in the office or by phone, the reimbursement for the service should also be the same.

### **Preserve Audio-Visual Reimbursement Parity**

Without passage of H.861, pay parity for audio-visual services will sunset in January of 2026, reverting back to a potentially lower reimbursement for clinically appropriate audio-visual telehealth visits. Audio-visual telehealth visits should continue to as an option for Vermonters to access care by repealing the sunset in Section 2.

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<sup>1</sup> Vermont Department of Health, "Age Strong VT: Our roadmap for an age-friendly state," <https://www.healthvermont.gov/sites/default/files/document/hpdp-bh-age-strong-roadmap2024-2034.pdf#page=39&zoom=auto,-29,661>.

<sup>2</sup> Edward Winstead, National Cancer Institute, "Telehealth Can Save People with Cancer Time, Travel, and Money," Feb. 16, 2023, <https://www.cancer.gov/news-events/cancer-currents-blog/2023/telehealth-cancer-care-saves-time-money>.

<sup>3</sup> National Association of Community Health Centers, "Assessing Patient Satisfaction with Telehealth at Community Health Centers: A Policy Brief," <https://www.nachc.org/resource/assessing-patient-satisfaction-with-telehealth-at-community-health-centers-a-policy-brief/>.

### **Ensure Patient Access with Audio-Only Reimbursement Parity**

Audio-only care that is clinically appropriate should be reimbursed at the same rate for the same services. While Blue Cross Blue Shield claims that reimbursement parity drives vulnerable patients to audio-only care, this has not been borne out in Vermont. For instance, Medicaid reimburses at parity for audio-only, but audio-only comprises only 1%-2% of total visits at the UVM Health Network with the trendline decreasing between 2022 and 2023. If providers were driving more vulnerable Vermonters to audio-only, we should see those numbers increasing, not decreasing. As a result, audio-only remains a useful access option for Vermonters, particularly [older Vermonters](#), that is used sparingly and should be reimbursed appropriately.

Thank you for the opportunity to provide information on this issue. Please feel free to contact me with any questions or concerns.

Sincerely,



Devon Green  
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Vermont Association of Hospitals and Health Systems