CONSENT CALENDAR

June 6, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Health, Human Services and Elderly Affairs to which was referred HB 602-FN,

AN ACT relative to reimbursements for telemedicine.

Having considered the same, report the same: NOT RECOMMENDED FOR FUTURE LEGISLATION.

Rep. Lucy Weber

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 602-FN**
Title:	**relative to reimbursements for telemedicine.**
Date:	**June 6, 2022**
Consent Calendar:	**CONSENT**
Recommendation:	**NOT RECOMMENDED FOR FUTURE LEGISLATION**

STATEMENT OF INTENT

The committee was very concerned with the provisions of this bill which removed audio-only or telephonic communications from the array of telemedicine options that would be reimbursed by Medicaid or private insurance. Committee members believe that telephonic treatment is an effective tool for delivery of appropriate evaluation or treatment of both physical and mental health issues. It is especially important for patients who do not have internet access, or who have long distances to travel and lack reliable transportation. There was also general agreement that evaluation or treatment delivered via telemedicine should be reimbursed at par with similar services delivered in-person. It was agreed that reimbursement rates for other telemedicine services that have no in-person equivalent deserve more study and might be reimbursed differently, but that this issue should be left in the first instance to the Commission to Study Telehealth Services for their recommendations.

Vote 17-0.

Rep. Lucy Weber
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 602-FN, relative to reimbursements for telemedicine.**NOT RECOMMENDED FOR FUTURE LEGISLATION .**

Rep. Lucy Weber for Health, Human Services and Elderly Affairs. The committee was very concerned with the provisions of this bill which removed audio-only or telephonic communications from the array of telemedicine options that would be reimbursed by Medicaid or private insurance. Committee members believe that telephonic treatment is an effective tool for delivery of appropriate evaluation or treatment of both physical and mental health issues. It is especially important for patients who do not have internet access, or who have long distances to travel and lack reliable transportation. There was also general agreement that evaluation or treatment delivered via telemedicine should be reimbursed at par with similar services delivered in-person. It was agreed that reimbursement rates for other telemedicine services that have no in-person equivalent deserve more study and might be reimbursed differently, but that this issue should be left in the first instance to the Commission to Study Telehealth Services for their recommendations. **Vote 17-0.**

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

October 26, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on Health, Human Services and Elderly Affairs to which was referred HB 602-FN,

AN ACT relative to reimbursements for telemedicine.

Having considered the same, report the same with the recommendation that the bill be REFERRED FOR INTERIM STUDY.

Rep. Gary Woods

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**HB 602-FN**
Title:	**relative to reimbursements for telemedicine.**
Date:	**October 26, 2021**
Consent Calendar:	**CONSENT**
Recommendation:	**REFER FOR INTERIM STUDY**

STATEMENT OF INTENT

The committee decision for interim study reflected consideration for the complexity of the issue in a rapidly changing service environment and for the time frame required to meet legislative action for this session. The issue of complexity included the recognition of the federal guidelines being rewritten but not available for several months and the current codes for telehealth services not being readily translatable for the same services in-person. Thus, licensing difficulties in the telehealth realm became evident. The time frame needed to address these and many other concomitant problems did not match the immediate legislative schedule. Rather, it was apparent the four year Commission on Telehealth Services currently in place is in a much better position, and has many more resources available, to adequately address these and many other issues. The committee felt the citizens of New Hampshire would be better served with a more thorough review of the telehealth environment and use of appropriate data not currently available to this committee.

Vote 21-0.

Rep. Gary Woods
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 602-FN, relative to reimbursements for telemedicine. **REFER FOR INTERIM STUDY.**

Rep. Gary Woods for Health, Human Services and Elderly Affairs. The committee decision for interim study reflected consideration for the complexity of the issue in a rapidly changing service environment and for the time frame required to meet legislative action for this session. The issue of complexity included the recognition of the federal guidelines being rewritten but not available for several months and the current codes for telehealth services not being readily translatable for the same services in-person. Thus, licensing difficulties in the telehealth realm became evident. The time frame needed to address these and many other concomitant problems did not match the immediate legislative schedule. Rather, it was apparent the four year Commission on Telehealth Services currently in place is in a much better position, and has many more resources available, to adequately address these and many other issues. The committee felt the citizens of New Hampshire would be better served with a more thorough review of the telehealth environment and use of appropriate data not currently available to this committee. **Vote 21-0.**

Original: House Clerk
Cc: Committee Bill File

HOUSE COMMITTEE ON Health, Human Services and Elderly Affairs

BILL NUMBER: **HB 602-FN**

BILL TITLE: **relative to reimbursements for telemedicine.**

DATE: **March 8, 2021**

THE COMMITEE HAS VOTED TO RETAIN THIS BILL.

Rep. M. Pearson, Chair

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 602-FN

BILL TITLE: relative to reimbursements for telemedicine.

DATE: June 6, 2022

LOB ROOM: 201-203

MOTION:

Interim Study (2nd yr) Not Recommended for Future Legislation

Moved by Rep. Weber Seconded by Rep. Gay Vote: 17-0

Respectfully submitted,

Rep Beth Folsom, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # HB 602-FN

BILL TITLE: relative to reimbursements for telemedicine

DATE: 6-6-2022

LOB ROOM: 201-203

MOTION: (Please check one box)

☐ OTP ☑ ITL not reccomended for further ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ______ *(if offered)*

Moved by Rep. Weber Seconded by Rep. Gay Vote: 17/0

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ______ *(if offered)*

Moved by Rep. ______ Seconded by Rep. ______ Vote: ______

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ______ *(if offered)*

Moved by Rep. ______ Seconded by Rep. ______ Vote: ______

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ______ *(if offered)*

Moved by Rep. ______ Seconded by Rep. ______ Vote: ______

CONSENT CALENDAR: ____ **YES** ____ **NO**

Minority Report? ____ Yes ____ No If yes, author, Rep: ______ Motion ______

Respectfully submitted: ______________________

Rep. Beth Folsom, Clerk

OFFICE OF THE HOUSE CLERK

1/10/2022 9:05:47 AM
Roll Call Committee Registers Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 602-FN **Motion:** NOT recommended **AM #:** 17/0 **Exec Session Date:** 6-6-2022

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman	X		
Layon, Erica J. Vice Chairman	X		
McMahon, Charles E.	X		
Acton, Dennis F.	X		
Gay, Betty I.	X		
Cushman, Leah P.			X
Folsom, Beth A. Clerk			X
Kelsey, Niki	X		
King, Bill C.			X
Kofalt, Jim	X		
DeLemus, Susan C.			X
Weber, Lucy M.	X		
MacKay, James R.	X		
Snow, Kendall A.	X		
Knirk, Jerry L.	X		
Salloway, Jeffrey C.	X		
Cannon, Gerri D.	X		
Nutter-Upham, Frances E.	X		
Schapiro, Joe	X		
Woods, Gary L.	X		
Merchant, Gary	X		

Health, Human Services and Elderly Affairs

Public Hearing on Bill# HB602-FN Date 6/6/22 Time: 10:41am - 11:05am

Committee Members: Reps. M.Pearson, Layon, Folsom, McMahon, Acton, Gay, Cushman, Kelsey, B. King, Kofalt,, Rice, Weber, MacKay, Snow, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant

Rep. Woods

- This bill is important, but we need to look to the omission for their recommendation.

Rep. Shapiro

- We need more recommendations from commission before we pass a bill on this matter.

Rep. Weber

- Wants to make it clear that she does not support this bill. She feels this bill could be harmful.

Rep. Shapiro

- Audio only telemedicine is a life saver in the mental health community. This bill would take away audio only and that is concerning.

Rep. Knirk

- There is a bill before congress that is looking into making telehealth permanent.

Rep. Layon

- Enabling these micro visits are important to health. It's about what's being delivered not how it's being delivered.

Rep. Merchant

- We agree this subject is important. We need to look to the commission for their input before drafting a new will.

Respectfully submitted,

Rep. Beth Folsom, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # HB 602-FN

BILL TITLE: … relative to reimbursements for telemedicine

DATE: **10/26/2021**

LOB ROOM: 205-207

MOTION: (Please check one box)

Interim Study (2nd year)

Moved by Rep. Woods | Seconded by Rep. Marsh | Vote: 20-0 1 absent

CONSENT CALENDAR: ___X__ YES _____ NO

Minority Report? ___X___ No

Respectfully submitted: Rep. Beth Folsom, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 602 **Motion:** Interim Study **AM #:** **Exec Session Date:** 10/26/21

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman	20		
Layon, Erica Vice Chairman	1		
McMahon, Charles E.	2		
Acton, Dennis F.	3		
Gay, Betty I.	4		
Cushman, Leah P.	5		
Folsom, Beth A. Clerk	6		
Renzulo, Andrew	7		
King, Bill C.	8		
Kofalt, Jim	9		
Rice, Kimberly A.			Absent
Weber, Lucy M.	10		
MacKay, James R.	11		
Snow, Kendall A.	12		
Knirk, Jerry L.	13		
Salloway, Jeffrey C.	14		
Cannon, Gerri D.	15		
Nutter-Upham, Frances E.	16		
Schapiro, Joe	17		
Woods, Gary L.	18		

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 602 **Motion:** Interim Study **AM #:** **Exec Session Date:** 10/26/21

Marsh, William	19		
TOTAL VOTE:	20	0	1

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # HB 602-FN

BILL TITLE: An Act relative to reimbursements for telemedicine

DATE: **March 8, 2021**

LOB ROOM: **306-8/Remote**

MOTION:

_X_ Retain

Moved by Rep. Marsh Seconded by Rep. Salloway Vote: 21-0

BAF

Respectfully submitted: _____

Rep. Beth Folsom, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB602-FN **Motion:** Retain **AM #:** **Exec Session Date:** March 8, 2021

Members	YEAS	Nays	NV
Pearson, Mark A. Chairman	21		
Marsh, William M. Vice Chairman	1		
McMahon, Charles E.	2		
Nelson, Bill G.	3		
Acton, Dennis F.	4		
Gay, Betty I.	5		
Cushman, Leah P.	6		
Folsom, Beth A. Clerk	7		
Alexander, Joe	8		
King, Bill C.	9		
Kofalt, Jim	10		
Weber, Lucy M.	11		
MacKay, James R.	12		
Snow, Kendall A.	13		
Knirk, Jerry L.	14		
Salloway, Jeffrey C.	15		
Cannon, Gerri D.	16		
Nutter-Upham, Frances E.	17		
Schapiro, Joe	18		
Woods, Gary L.	19		

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/22/2021 10:06:45 AM
Roll Call Committee Registers Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB602-FN **Motion:** Retain **AM #:** **Exec Session Date:** March 8, 2021

Merchant, Gary	20		
TOTAL VOTE:	21	0	0

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB 602-FN

BILL TITLE: An Act relevant to reimbursements for telemedicine.

DATE: 2/2/2021

ROOM: 206/8 **Time Public Hearing Called to Order: 10:06 am**

Time Adjourned: 11:23 am

Committee Members Present:
Remote from home:
Reps. M. Pearson, Marsh, McMahon, Nelson, Acton, Gay, Cushman, Folsom, Kelsey, King, Kofalt, Weber, MacKay, Snow, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods, Merchant

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Representative Edwards

- Medicaid was lagging behind in reimbursements
- Pandemic highlighted the need to keep people out of health care facilities
- During this time providers should be reimbursed more than or equal to in office visits.
- Does not want the state to get into price fixing.
- Clinicians need to direct methods of care.
- Look to the future of these telemedicine programs
- The amendment that will be offered will reboot this bill and will speak to questions using the amendment as point of reference.
- This bill covers all modes of communication
- Data on levels of care???

Q: Are all modes of communications the same price?
A: State payments have been less that Health Insurance Companies
Negotiated pricing between providers and Insurers, not gov't price setting
Many voiced that insurance companies would reimburse at lower rate for telemedicine
Audits of clinical methodology, charts, and billing practices could be examined
As technology changes pricing structures will need to be allowed to adjust w/o government mandates

DJ Bettencourt

- Potential for unexpected pressures on insurance mandates, are the "preferred" providers, "out of state" providers?
- Coverage for audio is still adjusting.
- Department is neutral on the bill, but commission advices on developing rules
- Legislation passed governs the rules they develop
- Without parameters payment to providers by carriers has not shown a downward trend
- Larger markets and smaller markets negotiating available, not to individual providers
- Provide more data before on these issues.

Rep Melbourne Moran –
Personal practice, can't compete with the big boys on negotiating pricing

Dr. Kristen Johnson physician,
Telemedicine has become a critical tool in pandemic, also helps during bad weather and those who have poor access to transportation.

Dr. Kahn
Opposition to reporting dates

Respectfully submitted,

Rep. Beth Folsom, Clerk

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB602 on 2021-03-08

Support: 11 Oppose: 240 Neutral: 1 Total to Testify: 8

Export to Excel

Name	City, State Email Address	Title	Representing	Position	Testifying	Non-Germane	Signed Up
Campbell, Ann	Claremont, NH Administration@thecampbellhouses.com	A Member of the Public	Myself	Support	Yes (5m)	No	3/1/2021 10:02 AM
Tanner, Courtney	Bedford, NH Courtney.Tanner@hitchcock.org	A Lobbyist	Dartmouth-Hitchcock	Oppose	Yes (5m)	No	2/25/2021 10:36 AM
Robbins, Kathryn	Hanover, NH drkrobbins@uvchildfamilypsych.com	A Member of the Public	Myself	Oppose	Yes (5m)	No	3/4/2021 9:46 AM
WARNER, DR DEBORAH	LITTLETON, NH warner@330608.com	A Member of the Public	Myself	Oppose	Yes (3m)	No	3/3/2021 11:20 PM
Curtis, Kevin	Lebanon, NH Kevin.M.Curtis@hitchcock.org	A Member of the Public	Myself	Oppose	Yes (3m)	No	3/3/2021 3:13 PM
Staples, Lindsay	Hopkinton, NH lindsay@lindsaykstaplesphd.com	A Member of the Public	Myself	Oppose	Yes (3m)	No	3/5/2021 9:16 AM
Willbarger, Kathryn	Keene, NH KWillbarger@Cheshire-Med.com	A Member of the Public	Myself	Oppose	Yes (3m)	No	3/3/2021 9:48 PM
DeJoie, John	Concord, NH jdejoie@karnerbluestrategies.com	A Lobbyist	National Association of Social Workers - NH Chapter	Oppose	Yes (0m)	No	3/7/2021 3:41 PM
Hunnewell, Richard	Holderness, NH hunnewell.richard@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 4:57 PM
Hunnewell, Anne	Holderness, NH ahunne@roadrunner.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 4:57 PM
Hope, Lucinda	Tilton, NH lmhope46@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 5:13 PM
Stagnone, Leah	Litchfield, NH leahstagnone@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 5:15 PM
van der Bijl, Dana	Deerfield, NH dana@vanderb.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 5:49 PM

Larson, Ruth	Alton, NH ruthlarson@msn.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 5:55 PM
Torpey, Jeanne	Concord, NH jtorp51@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/7/2021 5:57 PM
Bolker, Jessica	Dover, NH jabolker@unh.edu	A Member of the Public	Myself	Oppose	No	No	3/7/2021 6:12 PM
Cornell, Patricia	Manchester, NH Cornell49@comcast.net	An Elected Official	Myself	Oppose	No	No	3/7/2021 6:37 PM
Plumb, Kristie	Merrimack, NH kraerosmith@gmail.com	A Lobbyist	Myself	Oppose	No	No	3/7/2021 6:38 PM
Cornell, Richard	Manchester, NH Cornellrik@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 6:43 PM
Blanchard, Sandra	Loudon, NH sandyblanchard3@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 6:50 PM
Vaughan, Elizabeth	LITCHFIELD, NH lizfvaughan@hotmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 7:00 PM
Plumb, Bryan	Merrimack, NH bplumb@merrimackvalleycounseling.org	A Lobbyist	Myself	Oppose	No	No	3/7/2021 7:13 PM
Padmore, Michael	Manchester, NH michael.padmore@nhms.org	A Lobbyist	NH Medical Society	Oppose	No	No	3/7/2021 7:29 PM
Greenwood, Nancy	Concord, NH nancgreenwood@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 7:40 PM
Briggs, Ronald	Concord, NH Rongb1950@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 7:43 PM
Donnelly, Ryan	Hudson, NH rdonnelly@gsil.org	A Lobbyist	Granite State Independent Living	Oppose	No	No	3/7/2021 8:01 PM
Hampton, Doris	Canterbury, NH dandmhamp38@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:08 PM
Wild, Gail	Newport, NH Gailwild@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:09 PM
Wiggins, Frank	Newport, NH Frankwigginsconstruction@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:10 PM
Howland, Curt	Manchester, NH howland@priss.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:21 PM
Stevens, Representative Deb	Nashua, NH debstevens4ward7@gmail.com	An Elected Official	My 10K constituents	Oppose	No	No	3/7/2021 8:27 PM

kazal, louis	hanover, NH louis.a.kazal@dartmouth.edu	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:32 PM
Clark, Martha	Canterbury, NH mctraveler1@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:33 PM
Castrucci, Dianne P.	Laconia, NH nhtiad@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:34 PM
Hayes, Randy	Canterbury, NH rcompostr@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:35 PM
Perencevich, Ruth	Concord, NH rperence@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:36 PM
Rettew, Annie	CONCORD, NH abrettew@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:37 PM
Smith, Sara	Pembroke, NH sara.rose.ssmith@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:49 PM
Hinebauch, Mel	6032244866, NH melhinebauch@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:51 PM
Anderson, Kristi	Nashua, NH kristi.anderson17@gmail.com	A Member of the Public	Myself	Support	No	No	3/7/2021 8:57 PM
Vincent, Laura	Loudon, NH lvlauravincent5@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 9:24 PM
Mattlage, Linda	Concord, NH l.mattlage@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 9:36 PM
Sloan, Lisa	Eliot, ME Feldmanlj@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 9:47 PM
Harford, Meghan	Newmarket, NH meghanharford@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 9:50 PM
Jakubowski, Deborah	Loudon, NH Dendeb146@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 9:54 PM
Craig, Kevin	Lancaster, NH Kevin.Craig@leg.state.nh.us	An Elected Official	Coös-4	Support	No	No	3/7/2021 9:57 PM
Destefano, Kim	Pembroke, NH Kimberly.destefano17@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 9:58 PM
Richman, Susan	Durham, NH susan7richman@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 10:01 PM
Garen, June	Gilmanton, NH jzanesgaren@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 10:03 PM

Lindpaintner, Lyn	Concord, NH lynlin@bluewin.ch	A Member of the Public	Myself	Oppose	No	No	3/7/2021 10:05 PM
Schissel, Mary	Newport, NH schissell@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/7/2021 10:07 PM
Damon, Claudia	Concord, NH cordsdamon@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 10:14 PM
Grassie, Chuck	Rochester, NH chuck.grassie@leg.state.nh.us	An Elected Official	Strafford 11	Oppose	No	No	3/7/2021 10:14 PM
Davidson, Suellen	Hollis, NH SuellenDavidson@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 10:17 PM
Tuthill, John	Acworth, NH jtuthill@sover.net	A Member of the Public	Myself	Oppose	No	No	3/7/2021 10:28 PM
zurheide, karen	new london, NH zurheides@aol.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 10:36 PM
McKeown, Susan	MANCHESTER, NH swmckeown48@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 11:07 PM
Kramer, Paula	Nashua, NH paula.k@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/7/2021 11:33 PM
Almy, Susan	Lebanon, NH susan.almy@comcast.net	An Elected Official	Myself	Oppose	No	No	3/7/2021 11:55 PM
Spielman, Kathy	Durham, NH jspielman@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/8/2021 6:02 AM
Spielman, James	Durham, NH jspielman@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/8/2021 6:05 AM
Lamphier, Regan	Nashua, NH ReganBurkeLamphier@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 12:21 AM
Johnson, Teresa	Portsmouth, NH teresa@drteresajohnson.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 12:25 AM
Campion, Polly	Etna, NH pkc441@outlook.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 7:45 AM
Platt, Elizabeth-Anne	CONCORD, NH lizanneplatt09@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 6:41 AM
Feder, Marsha	HOLLIS, NH marshafeder@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 6:46 AM
jakubowski, dennis	Loudon, NH dendeb146@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 6:58 AM

Haughton, Natasha	Merrimack, NH natasha@nhcounselingservices.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 7:04 AM
Anderson, Psy.D., Vicki	Sutton, NH bridgestothesoul@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 7:06 AM
Hall, Jennifer	CAMPTON, NH jenh@plymouth.edu	A Member of the Public	Myself	Oppose	No	No	3/8/2021 8:29 AM
Jachim, Nancy	Newport, NH nancyjachim@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 7:15 AM
Meuse, David	Portsmouth, NH David.Meuse@leg.state.nh.us	An Elected Official	Rockingham 29	Oppose	No	No	3/8/2021 7:20 AM
Boyle, Mary	Cornish, NH mary.n.boyle@gmail.com	A Member of the Public	Myself - NH resident	Oppose	No	No	3/8/2021 7:21 AM
Underwood, Jody	CROYDON, NH jodysun@gmail.com	An Elected Official	Myself	Oppose	No	No	3/8/2021 7:27 AM
ellermann, maureen	CONCORD, NH ellermannf@aol.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 7:30 AM
Gericke, Carla	Manchester, NH carlagericke@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 7:56 AM
FRIEDRICH, ED	LOUDON, NH erfriedrich@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 8:00 AM
conforti-adams, carol	Bradford, NH confortiadams@gmail.com	A Member of the Public	Myself Carol Conforti-Adams	Oppose	No	No	3/8/2021 8:03 AM
Petruccelli, Maxine	Webster, NH maxinepet@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 8:06 AM
Petruccelli, Charles	Webster, NH chasmaxpet@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 8:07 AM
perez, maria	Milford, NH mariaeli63@gmail.com	An Elected Official	Distric 23	Oppose	No	No	3/8/2021 8:12 AM
Koch, Laurie	Concord, NH kochlj@aol.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 8:17 AM
Hackmann, Kent	Andover, NH hackmann@uidaho.edu	A Member of the Public	Myself	Oppose	No	No	3/8/2021 8:22 AM
Dewey, Karen	Newport, NH pkdewey@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/8/2021 8:27 AM
Bixby, Peter	Dover, NH peter.bixby@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	3/8/2021 8:28 AM

Bennett, Cindy	Raymond, NH normandcindy13@gmail.com	A Member of the Public	Myself	Support	No	No	3/8/2021 8:44 AM
Koch, Helmut	Concord, NH helmut.koch.2001@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 9:04 AM
Neville, Betsey	Concord, NH betsey2003@tds.net	A Member of the Public	Myself	Oppose	No	No	3/8/2021 9:05 AM
blakeney, rob	concord, NH rbplease@aol.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 9:06 AM
Groetzinger, Tonda	Farmington, NH groetzinger6@aol.com	A Member of the Public	Myself	Support	No	No	3/8/2021 9:10 AM
Lord, Kit	Northwood, NH kitlord@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 9:10 AM
Goggans, Ron	NH, NH rongoggans@gmail.com	An Elected Official	Myself	Oppose	No	No	3/8/2021 9:14 AM
Campbell, Telisha	Durham, NH telishacampbell@comcat.net	A Member of the Public	Myself	Oppose	No	No	3/8/2021 9:18 AM
McLeod, Martha	Franconia, NH mmcleod823@gmail.com	A Member of the Public	Myself	Support	No	No	3/8/2021 9:32 AM
Schuett, Dianne	Pembroke, NH dianne.schuett@leg.state.nh.us	An Elected Official	Merr. County, Dist. 20	Oppose	No	No	3/8/2021 9:37 AM
Gersten, Andrew	Manchester, NH dragersten@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 9:48 AM
Howard Jr., Raymond	Alton, NH brhowardjr@yahoo.com	An Elected Official	Myself	Oppose	No	No	3/8/2021 10:04 AM
LaFontaine, Mildred	Concord, NH Lafontainefamily@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/8/2021 10:06 AM
Howard, Kim	Manchester, NH kghoward11@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 10:13 AM
Booras, Efstathia	Nashua, NH Efstathia.Booras@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	3/8/2021 10:26 AM
Kiefner, Robert	Concord, NH rskiefner@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 10:33 AM
Jones, Andrew	Pembroke, NH arj11718@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 10:53 AM
Duran, Carrie	WOLFEBORO, NH carriemartinduran@gmail.com	A Member of the Public	Myself	Support	No	No	3/8/2021 11:00 AM

Keeler, Margaret	New London, NH peg5keeler@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/8/2021 11:28 AM
Phillips, Michael	Nashua and Bedford, NH Phillips@lamorapsych.com	A Member of the Public	Myself and my behavioral healthcare practice.	Oppose	No	No	3/8/2021 1:31 PM
Carter, Jaime	Londonderry, NH gundyja@hotmail.com	A Member of the Public	Myself	Support	No	No	3/8/2021 1:36 PM
Wolfe, Joan	Fitzwilliam, NH mrswolfe@myfairpoint.net	A Member of the Public	Myself	Support	No	No	3/8/2021 7:38 PM
Durost, Steven	Manchester, NH stevendurost@castlecreate.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 7:39 PM
Marsden, Julie	Barrington, NH Email@drjuliemarsden.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 7:42 PM
Sheridan, Laura	Merrimack, NH Sheridanpsychology@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 7:43 PM
O'Brien, Barbara	Merrimack, NH Barbaralobrien@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 7:59 PM
Wallace, Melissa	Concord, NH wallace_melissa@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/3/2021 8:02 PM
Deleault, Jenessa	Chester, NH Jenessa.mahoney@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 8:17 PM
Chiasson, Carrie	Nashua, NH carrie.e.miller.07@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 8:20 PM
Colburn, Nancy	Nashua, NH nancyc99@verizon.net	A Member of the Public	Myself	Oppose	No	No	3/3/2021 8:22 PM
Flynn, Dr.William	Nashua, NH flynnwb@franklinpierce.edu	A Member of the Public	Myself	Oppose	No	No	3/3/2021 8:24 PM
Von Karls, Claire	Sugar Hill, NH cvonkarls1@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 8:24 PM
Hanley, C. Patricia	Durham, NH drcphanley@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 8:29 PM
Miller, Christine	Penacook, NH miller5529@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/3/2021 8:42 PM
Gaertner, Denise	Bedford, NH DeniseAGaertner@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 8:59 PM
Stultz, Amy	Antrim, NH Astultz@hotmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 9:01 PM

Johnson, Kristen	Newfields, NH johnsonkristenc@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 9:20 PM
Allen, Laurene	Merrimack, NH alaurene@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 9:37 PM
O'Keeffe, Jennifer	Grantham, NH jenniferokeeffephd@pauboxmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 9:47 PM
Bishop, Barbara	Newport, NH bbishop@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:45 AM
KELTY, JOYCE	Grafton, NH joycekelty@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:46 AM
Trybulski, Chase	New London, NH ctrybulski@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:46 AM
Shea, Katherine	Lebanon, NH katherine.m.shea@hitchcock.org	A Member of the Public	Child Psychiatrist Representing Children and Families	Oppose	No	No	3/1/2021 10:47 AM
Staples, Kimberly	Charlestown, NH kims03603@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:49 AM
Hartzell, Carrie	Claremont, NH chartzell@wcbh.org	State Agency Staff	Myself	Oppose	No	No	3/1/2021 10:51 AM
Palmer, Caitlin	Warner, NH cbpalmer@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:51 AM
Thelen, Nick	Lebanon, NH thelen.nicholasj@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:52 AM
Squires, Avin	Hanover, NH avisquires86@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:53 AM
Nelson, Aaron	Claremont, NH anelson@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:54 AM
Mudge, Laurie	Charlestown, NH lmudge@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:54 AM
Harrison, Kate	Lyme, NH kategharrison@mac.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:58 AM
Pilling, Meaghan	Durham, NH meaghan.pilling@colby-sawyer.edu	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:58 AM
Lovett, Isabelle	South Sutton, NH isabelle.lovett@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 10:59 AM
Jones, Louise	Elkins, NH ljones@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 11:02 AM

Angelli, Anmarie	Grantham, NH aangelli@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 11:04 AM
Ely, Alice	Grantham, NH alice_ely@hotmail.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 11:56 AM
Davis, Susan	Lebanon, NH sdavis@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 12:05 PM
Page, Anne	West Lebanon, NH apagenh@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 12:13 PM
Keller, Samantha	Springfield, NH skeller@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 12:35 PM
Barros, Gwendolyn	Cornish Flat, NH gwendolynbarros!2@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 12:50 PM
Sadonsky, Donna	Newport, NH Softball30db@yahoo.com	A Member of the Public	My clients	Oppose	No	No	3/1/2021 1:01 PM
Farmen, Thomas	Newport, NH twfarmen@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/2/2021 8:57 AM
Houle, Normand	New Castle, NH nhouleccp@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/2/2021 10:11 AM
Lewis, Elizabeth	Nashua, NH ecop.lewis@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 9:06 AM
Vaillancourt, Kate	South Hampton, NH Kate.e.Vaillancourt@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 5:52 AM
Young, Sarah	Manchester, NH slyoung10@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/4/2021 6:02 AM
George, Janice	Portsmouth, NH jogeorge57@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/4/2021 6:02 AM
Carey, Allison	Keene, NH aviolet1@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 6:38 AM
Tremblay, Linda	Pittsfield, NH linda@lindatremblaytherapy,.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 6:46 AM
Greenberg, Elizabeth	Derry, NH Lizgreenberg26@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 7:08 AM
Cannon, Page	Concord, NH murrysgaga@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/4/2021 7:43 AM
Dahme, Pat	Concord, NH pkdme@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/4/2021 8:27 AM

McCann, Kelly	Bethlehem, NH Kmccann@spacetobreathenh.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 8:52 AM
Sheridan, Mary Kate	Keene, NH mksheridan@mindfulbalancetherapy.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 9:07 AM
Sandler, Erin	Northwood, NH ersandleremberley@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/26/2021 12:15 AM
Brannen, Tyler	Concord, NH tyler.j.brannen@ins.nh.gov	State Agency Staff	Insurance Department	Neutral	No	No	2/26/2021 1:24 PM
Dresser, Sarah	Hanover, NH dresser.sarah@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/27/2021 3:47 PM
David, Celone	Lebanon, NH Dcelone@wcbh.org	A Member of the Public	Myself	Oppose	No	No	2/27/2021 4:39 PM
Eliason, Cynthia	Whitefield, NH cyne@cmk4u.com	A Member of the Public	Myself	Oppose	No	No	2/27/2021 9:40 PM
Steel, Sandy	Plainfield, NH selizabethsteel@gmail.com	A Member of the Public	Myself	Oppose	No	No	2/27/2021 7:47 PM
Osmun, Roger	Wilmot, NH rosmun@wcbh.org	A Member of the Public	Myself	Oppose	No	No	3/1/2021 7:53 AM
Stapleton, Walter	Claremont, NH waltstapleton@comcast.net	An Elected Official	Myself	Support	No	No	3/1/2021 9:24 AM
Bleyler, Peter	Lebanon, NH Pete.bleyler@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/1/2021 3:00 PM
Hardy, Veronica	Henniker, NH ronihardy.cvca@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 9:47 AM
Martin-Willis, Jade	Keene, NH jclm4140@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 9:50 AM
Rajaniemi, Molly	Antrim, NH m7lockwood@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 10:03 AM
Wolfe, Melinda	DUNBARTON, NH wolferatt@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 10:04 AM
Fowler, Matt	Portsmouth, NH mfowler@oldeportcounseling.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 11:06 AM
Koehler, Diane	Hampton, NH Koehlerlcmhc@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 5:27 PM
Leonard, Ph.D., Jessica	Manchester, NH jes@theleonardgroup.net	A Member of the Public	Myself	Oppose	No	No	3/4/2021 12:50 PM

Estey, Meghan	Jaffrey, NH mestey@mtnwellness.org	A Member of the Public	Myself	Oppose	No	No	3/4/2021 1:27 PM
Hlasny, Robert	Laconia, NH rhlasny@plymouth.edu	A Member of the Public	Myself	Oppose	No	No	3/4/2021 2:13 PM
callahan, kelly	Hollis, NH kellycallahan8@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 3:40 PM
Penn, Jennifer	Hollis, NH jenniferapenn@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 3:45 PM
Hirsch, Janice	Warner, NH lovestodance40@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 4:25 PM
Beverstock, LMFT, Jillian	STRATHAM, NH beverstockjillian88@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 8:41 PM
Mackey, Phyllis	Newfields, NH phylmackey@hotmail.com	A Member of the Public	Myself	Oppose	No	No	3/4/2021 10:11 PM
Parsons, Anne	Windham, NH abparsons@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/5/2021 9:26 AM
Kodal, Pamela	Portsmouth, NH phkodal@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 9:28 AM
Wolter, Julie	Concord, NH BHAC@nhpsychology.org	A Member of the Public	New Hampshire Psychological Association	Oppose	No	No	3/5/2021 7:13 AM
Hersom, Katie	Hampstead, NH Hersomkatie@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 7:51 AM
Richardson, Diane	Springfield, NH Workingclasscanine@msn.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 8:20 AM
POTTER, MERTIE	Concord, NH mertiepotter@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/5/2021 9:04 AM
von Sacken, Silvia	Sandown, NH mswswan@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/5/2021 9:08 AM
Bacheller London, Gail	Hampstead, NH Gbllicsw@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 9:15 AM
Shillaber, Jillian	Deerfield, NH Bluesweete@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 9:50 PM
Joy, Christopher	Mason, NH cwjoy77@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 10:11 PM
Wilbur, Kathleen	Derry, NH kathy.wilbur55@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 10:14 PM

Ruef, Anna	WEARE, NH anna_ruef@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 11:06 PM
Kim, Sue	Greenfield, NH drsuehkim@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/3/2021 11:18 PM
Kodal, Ali	Portsmouth, NH Alikodal@yahoo.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 9:30 AM
Righini, Clare	Durham, NH clare.righini@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 11:25 AM
Bens, Lyndsey	Portsmouth, NH LyndseyT.Grant@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 12:59 PM
Knowlton-Young, Kimberly	Lebanon, NH kimberlyknowltonyoung@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 2:12 PM
Manjak, Molly	Manchester, NH mag239@wildcats.unh.edu	A Member of the Public	Myself	Oppose	No	No	3/5/2021 3:54 PM
Widerstrom, Sally	Plymouth, NH sallyswid@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 4:25 PM
Emberley, Richard	Northwood, NH oemberley@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 4:35 PM
Whitaker, Cynthia	Nashua, NH, NH whitakerc@gnmhc.org	A Member of the Public	Myself	Oppose	No	No	3/5/2021 4:37 PM
Rich, Cecilia	Somersworth, NH cecilia.rich@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	3/5/2021 5:03 PM
Dontonville, Anne	Enfield, NH adontonville@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 5:07 PM
Moen, Kristy	Pembroke, NH Kmoen31@hotmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 5:15 PM
LaVergne, Rachel	Hooksett, NH rlavergne9281@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 5:17 PM
Gallo, Lisa	Durham, NH Sunflowersnh2018@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 5:20 PM
Levesque, Melanie	Brookline, NH mleveque1@charter.net	A Member of the Public	Myself	Oppose	No	No	3/5/2021 6:47 PM
Antalek, Elizabeth	Portsmouth, NH dizabiss@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 8:17 PM
Jones, Sarah	Dover, NH Sarahmwjones@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 12:08 AM

Lucci, Nancy	Manchester, NH nancilu63@aol.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 5:29 PM
Wilson, Scot	Nottingham, NH scotwilsonmhc@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 5:34 PM
Gregg, Melissa	Derry, NH meligregg@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 5:42 PM
Pierog, Stephen	Manchester, NH sop02081978@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 7:32 PM
Mondoux, Ashleigh	Chesterfield, NH Amondoux22@hotmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 7:43 PM
Schirmer, Jennifer	Rochester, NH Jschirmer@metrocast.net	A Member of the Public	Myself	Oppose	No	No	3/5/2021 8:45 PM
Elliott, Elissa	Middleton, NH e.elliott100910@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 9:22 PM
Vincent, Krista	Portsmouth, NH Kristavincent19@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 10:09 PM
Booth, Amy	Northwood, NH Abooth018@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/5/2021 11:00 PM
Shattuck, Wesley	Derry, NH Cordof3wes@aol.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 12:44 AM
M, Ashlee	Manchester, NH Mental health awareness@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 10:28 AM
Cahill, Cristin	Hudson, NH Cristin@cahilllcmnh@gmail.net	A Member of the Public	Myself	Oppose	No	No	3/6/2021 8:05 AM
dannar, robert	Dover, NH rdannar69@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 12:40 PM
Key, Elizabeth	Dover, NH elizabethkeylcmhc@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 11:41 AM
Arena, Debra	Mason, NH Debranarena@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 11:11 AM
Nelson, Elizabeth	Derry, NH BethDavid@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/6/2021 12:08 PM
Allgood, Erin	Dover, NH elallgood@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 2:50 PM
DeMark, Richard	Meredith, NH demarknh114@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 4:20 PM

Chase, Wendy	Rollinsford, NH wendy.chase@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	3/6/2021 4:39 PM
Hamer, Heidi	Manchester, NH heidi.hamer@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	3/6/2021 6:11 PM
Hamer, Gary	Manchester, NH grhamer@aol.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 6:13 PM
Hill, Bonnie	South Sutton, NH hillbonnie@aol.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 5:07 PM
Sullivan, Jayme Sullivan	Sanbornville, NH jayme255@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 5:37 PM
Osborne, Stephanie	Campton, NH Osbornestephanie@me.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 5:39 PM
Feder, Robert	Hollis, NH robertfeder1@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 5:57 PM
Minton, Faith	Warner, New Hampshire, NH minton.faith@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 7:31 PM
Fordey, Nicole	Litchfield, NH nikkif610@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 7:48 PM
Donahue, Nancy	Campton, NH Nancyd114@roadrunner.com	A Member of the Public	Myself	Oppose	No	No	3/6/2021 8:53 PM
Gaiser, Melanie	Amherst, NH mgaiser@comcast.net	A Member of the Public	Myself	Oppose	No	No	3/6/2021 9:53 PM
Jones, Jennifer	Brentwood, NH jennjones123@hotmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 12:42 AM
Bradley, Adèle	Goffstown, NH Adelevb@aol.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 6:54 AM
Mercier, Amy	Hooksett, NH chamy444@aol.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 6:56 AM
Lucas, Janet	Campton, NH janluca1953@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:30 AM
Tucker, Katherine	Wilmot, NH katherine.s.tucker@valley.net	A Member of the Public	Myself	Oppose	No	No	3/7/2021 9:44 AM
Dontonville, Roger	Enfield, NH rdontonville@gmail.com	An Elected Official	Myself	Oppose	No	No	3/7/2021 9:45 AM
Fargo, Kristina	Dover, NH Kristina.Fargo@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	3/7/2021 11:36 AM

Martino, Linda	Laconia, NH linda.martino@mcphs.edu	A Member of the Public	The NH Society of PAs	Oppose	No	No	3/7/2021 11:43 AM
Bouchard, Donald	MANCHESTER, NH donaldjbouchard@gmail.com	An Elected Official	Myself	Oppose	No	No	3/7/2021 1:43 PM
Frost, Sherry	Dover, NH sherry.frost@leg.state.nh.us	An Elected Official	Myself	Oppose	No	No	3/7/2021 1:58 PM
Nardino, Marie	Andover, NH mdnardino@gmail.com	A Member of the Public	Myself	Oppose	No	No	3/7/2021 8:40 PM
Gordon, William	Milton Mills, NH kb1idf@gmail.com	A Member of the Public	Myself	Support	No	No	3/8/2021 1:47 AM

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: Walter Hoerman
Sent: Friday, January 29, 2021 12:56:32 PM
To: ~House Health Human Services and Elderly Affairs; governorsununu@nh.gov
Subject: House Bill 602 Relative to reimbursements for telemedicine
Importance: Normal

Re: House Bill 602 Relative to reimbursements for telemedicine

To: NH House Health, Human Services & Elderly Affairs Committee

Position: Opposed

I am writing in opposition to this bill attempting to roll back the increase in converage for telemedicine. As you know, this has been an exteremely difficult and dangerous year for NH and the world. We are rapidly approaching 500,00 dead in the US.
The broadening of coverage for telemedicine has allowed us to be more agile in fighting Covid. It has allowed us to be able to care for patients without exposing them to dangerous situations by bringing them in.
Telemedicine expansion has definetely saved lives.
With the pandemic still raging, now would be exactly the wrong time to pull back telemedicine. It would cost lives.
Thank you for your time.

~ ~ ~ ~ ~

Walter Hoerman, MD, FAAP
Pediatrician, Lilac City Pediatrics
180 Farmington Rd. Rochester, NH 03867
603-335-4522 - 603-335-8631 fax

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: janine daley
Sent: Friday, January 29, 2021 3:07:21 PM
To: ~House Health Human Services and Elderly Affairs
Subject: OPPOSE HB 602 Telehealth House Bill
Importance: Normal

Hello,
I am a licensed clinical social worker in private practice, providing telehealth psychotherapy services to a variety of clients during these unprecedented times of COVID. Some of my clients have disabilities, are poor, or are elders who either do not own a computer, or do not know how to use a computer, thus, needing phone to phone therapy at his time. If this Bill passes, and prohibits phone telehealth services, these clients will no longer get their much needed support! This would be a tragedy, as psychological decline could lead to more painful challenges for them and ultimately would be more costly for the community/insurance companies if higher level of services result.
OPPOSE this bill if you care about the emotionally vulnerable!

Thank you,
Janine Daley, LICSW

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Allan DiBiase
Sent: Friday, January 29, 2021 2:51:00 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Regarding Bill 602
Importance: Normal

This represents a real hardship for my wife and myself as it's hard to get to our PCP.

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Melissa Florio
Sent: Friday, January 29, 2021 3:16:17 PM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill 602
Importance: Normal

Good Afternoon,
I already completed a card to state that I oppose this bill from being even considered never mind voted on. It is baffling to me as to the purpose of the representatives that decided the current laws needed to not only be changed but in doing so reduce the benefits of their constituents. Perhaps it is because they themselves are privileged to have not only a computer or excellent internet coverage that they could never imagine what it would be like to only have the capability to use a phone for telemedicine? Or that one may be so old, untrained, do not have access or for reasons of distrust of technology do not wish to hold their tele-health sessions via the internet? And to the second component in which you provide opportunity and opened the door and ushered in the health care system to not cover or pay much less of a benefit to the insured that they will forego receiving health care as they can not afford the additional charges.

I humbly request that you realize that this is not a bill that people of NH wish - perhaps the health care system does, but not the every day person.

Please vote no and kill this bill.

Melissa Florio
Freedom, NH

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Dr. Chris Chance
Sent: Friday, January 29, 2021 3:17:04 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Re: House Bill 602, limiting TeleHealth
Importance: Normal

Dear Committee Representatives,

I am a practicing Clinical Psychologist, now in Durham, NH (also a Durham resident), and since shifting my practice to TeleHealth last March, I have had several **patients in need of the just audio option** to continue treatment. I strongly oppose bill # 602 which would limit this service.

Vulnerable people in need of audio services include the **elderly, the working poor, and people with extreme social anxiety** who can not tolerate a video platform situation. Also, I sometimes have to switch to phone in **situations where the video platform fails** due to storms, internet overload, older technology or wifi challenges of the patient.

I believe my ability to provide access, including audio if necessary, to psychotherapeutic **care has prevented decline of mental health that could lead to psychiatric hospitalization** for some. You may be aware this state has access problems in that area as well, so access blocks to outpatient mental health care will make the inpatient mental health care access situation worse, etc. Not a good cycle for our communities. Further, it is impossible to know how often additional **addiction issues are prevented by the provision of accessible general outpatient psychotherapy** to help people deal with anxieties and mood concerns in healthier ways before/instead of turning to substances.

Even when we get past this pandemic, continuing funding for **video and audio services will help prevent lapses of care in other situations like snowstorms and other emergencies** (e.g., care problems).

Please, let's move in the compassionate direction for people in need, and not take action that only helps big insurance companies.
Most mental health providers are not getting rich these days, but are trying really hard to respond to human need and do the right things. And there is great need!!!

We could really use all the legislative support possible to **expand rather than limit people's access to mental health services**.

Respectfully Submitted,

Chris Chance, PhD

Licensed Clinical Psychologist, NH901

603-573-6761

www.DrChrisChance.com

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Sheila Mullen
Sent: Friday, January 29, 2021 4:39:04 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to House Bill 602 (Committee Hearing 2/2/21 @ 9:30am)
Importance: Normal

Dear Members of the Health, Human Services and Elderly Affairs Committee:

I am writing to you to express my opposition to NH House Bill 602, as well as to offer an explanation for that opposition.

As a provider of community mental health services in the state of New Hampshire for the last 14 years, I have witnessed firsthand the limitations of our mental health system. There is undeniably a shortage of appropriate mental health care for all populations, but most pointedly our elders, severely mentally ill adults, and children. These clients are often on a limited income, have fewer transportation options, and less access to reliable internet service. Should House Bill 602 be allowed to pass, it would serve as a breaking point for our must vulnerable populations.

During the last year we have experienced enhanced telehealth options (especially audio) for our clients. We have found that these services have been pivotal to supporting their health and well-being during one of the most trying times in recent history. Audio telehealth has kept them connected during a time of unprecedented isolation and loneliness. Additionally, we have been able to effectively serve our aging clients while protecting them from unnecessary exposure to Covid-19. Should this service become unavailable to them, it may lead to worsening psychiatric crises leading to higher, more restrictive, and certainly more costly levels of care. With the use of ongoing audio telehealth services, we will continue to be able to provide high quality, client-centered care.

In regard to reimbursing telehealth at a lesser rate, I would like to note that clinicians providing these services bring their entire complement of skills. They do not provide care at a lesser rate. Many clinicians in private or small group practices are small business owners with the same level of overhead regardless of seeing clients in person or via telehealth. The passage of this bill would unnecessarily impact these businesses, and potentially further the shortage of clinicians in this state.

In light of these issues, I urge you to oppose House Bill 602. Thank you for your attention to this matter.

Sheila C. Mullen, LICSW
Director
Riverbend Community Support Program

Sheila C. Mullen, LICSW
Community Support Program Director
Riverbend CMHC, Inc.
603-225-0123
smullen@riverbendcmhc.org

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: HCS
Sent: Friday, January 29, 2021 5:21:11 PM
To: ~House Health Human Services and Elderly Affairs
Subject: FW: HB 602 I am opposed because
Response requested: No
Importance: Normal

From: J. Albert Handford <alhandford@myfairpoint.net>
Sent: Friday, January 29, 2021 4:24 PM
To: HCS <HCS@leg.state.nh.us>
Subject: HB 602 I am opposed because

I have a doctor at DHMC, Lebanon that is a two-hour ride from my home and two hours back. That is four hours of driving for a 30-minute appointment. The medical device I have sends her data over the internet, so she has all she needs without seeing me. My phone visit with her was very helpful and saved me a very long ride. Beyond the four-hour trip which I have made hundreds of times, on one dark rainy night my late wife, our little dog and I ended up off the road. My truck was towed, Boggie ended up with a nice State Trooper, and we were taken by ambulance to the DHMC ER. While that can be a nice ride on a warm sunny day, it can also be dangerous. When the phone visit works it saves everyone time and money. It would also greatly help if we had better internet service that is dependable and fast.
J. Albert Handford
129 Hannah Road
Sandwich, NH 03227-0130
603-284-7066

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Nancy DeSotto
Sent: Saturday, January 30, 2021 6:43:43 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Oppose HB 602 Hearing 2/2/21 9:30 am
Importance: Normal

Good day Committee Members:

My name is Dr. Nancy DeSotto and I am a Professor of Nursing at Great Bay Community College and a Registered Nurse working in NH for over 30 years.
I oppose House Bill 602 looking to remove the audio only option and lower insurance reimbursement for telehealth.
The option of audio only telehealth visits are crucial to the citizens of NH. Clients / patients benefit from telehealth visits for several reasons. Not all clients / patients have the Internet access, equipment or technology know how to conduct remote video visits. Some find it a hardship to travel to see their health care provider.
My 80 yo mother in law has stage 4 breast cancer and is cared for by her 87 yo husband. They live 3 hours away from family and do not have the technology know how to conduct a video visit. They are able to consult with her palliative care doctor each month over the telephone to discuss symptom control and this has been a valuable option. Otherwise, they would have to travel in winter weather over an hour one way to meet with this provider and risk exposure to others.

Thank you for your consideration of my opposition to HB 602.
Sincerely,

Nancy DeSotto

Great Bay Community College

Nancy DeSotto DNP, RN
Professor of Nursing
Great Bay Community College
320 Corporate Drive
Portsmouth, NH 03801

ndesotto@ccsnh.edu

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Jennifer Lamoureux
Sent: Saturday, January 30, 2021 1:02:04 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

I have registered my opinion as opposed to this bill. I have been a nurse for 20 years. I have worked in acute care, home care, and in the schools. I also have a child that has been successfully living with type 1 diabetes for 16 years. We routinely travel for his endocrine care.

I oppose this bill because it limits the reimbursement for physicians to provide tele-health care. We routinely advocate that our elderly and disabled populations stay in their own homes as long as possible. It is good for their mental health and it is the most inexpensive option, in comparison to skilled care. There are many services that can be provided to the elderly in their homes. Through the COVID-19 pandemic, I have seen the positive impacts that tele-health has had on our most fragile citizens. They are able to get appointments with their providers without having to get transport or struggle to get out of the house. The providers are able to make changes to their medications or decisions on whether further intervention is needed through these appointments. By reimbursing for tele-health insurers are lessening costs in the long run. Concerns can be addressed in a timely fashion. Providers, knowing they will be reimbursed, will invest in the infrastructure and support the time needed for these appointments.

My mother-in-law is 74 years old. She has a flip phone and no home phone. She does not have internet nor does she have a cellular device that would allow for a video appointment. There are many like her in our communities. There are also places in NH that do not have reliable internet services that will support video conferencing. Many times, those in most need of tele-health services would only have access to the phone.

Please reconsider the passage of this Bill as the only people it will benefit are the insurers.

Thank you.

Jennifer Cutuli-Lamoureux, RN

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Janet Cleary
Sent: Saturday, January 30, 2021 1:08:36 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: High

Dear Committee Members:

I am writing to express serious concerns since hearing that there is a pending ***revision: HB602*** to house bill **1623B.** The authors are NH representatives, Jess Edwards (R), Jason Osborne (R), and John Hunt (R). I am shocked that this revision is being proposed during a pandemic….even though I understand there will be a 180 day delay after the emergency order is lifted. I am fearful about how this will negatively impact my clients as well as my livelihood. I live at 39 Partridgeberry Lane in Swanzey, NH, with my husband, Todd Watkins. First, I will write my concerns about possible elimination of "audio only" reimbursement for therapy with clients.

I began working remotely from home via Telehealth on March 23, 2020. I continued to pay for my office space on Washington Street in Keene until HB 1623B was passed and signed into law. Because I am 64 years old I decided to give up my office in October 2020 due to the risk involved with face to face therapy. I was relieved and grateful when Governor Sununu signed HB 1623B into law. Working from home via Telehealth has meant a reduction in cancellations because my clients don't have to deal with cars breaking down, poor weather conditions or childcare issues. In fact, clients who have contracted Covid -19 have still showed up for their sessions via Telehealth. This means a consistency in their treatment thus enhancing and guaranteeing a positive prognosis. My clients are reporting that they are extremely grateful for Telehealth and audio only sessions.

Some of my Medicaid clients are not fortunate enough to have internet, smart phones or a personal computer. Thankfully, we have the option of audio only for scheduled sessions. These are not clients with drug addiction issues. These are trauma survivors. My practice is trauma focused. I have had many of my clients for years. People have asked me if I work with children. I answer, Yes…but they are all in adult bodies now. Childhood trauma takes years to recover from and my clients are resilient, courageous and grateful. But many do not have the luxury of things you and I may take for granted. The clients I conduct sessions with via "audio only" are relieved that telephone access is available and they work as hard as if they were in my office. I work as hard as if they were in my office. Quite frankly, in the past 9 months I have chosen to expend personal funds to attend video trainings and be more creative with treatment in this manner….and it works.

I have been in private practice since July 2011. I believe I am one of the few clinicians in Cheshire County who continues to remain on the NH Medicaid panels. Colleagues have stated that they either do not like working with Medicaid because there is no

recourse for being paid for missed sessions, late cancellations or the reimbursement rates are too low. As a graduate of Keene State College, I remain inspired by the engravings on the archway entry to the campus: "Enter to Learn" "Leave to Serve". I have always felt a calling to help those with mental illness, grief and trauma. I believe in caring for and providing treatment for our underinsured and impoverished citizens.

Perhaps insurance companies are worried this will open a new door to expenses for them. Insurance companies are for profit. It feels as though there is a lack of understanding of what therapists provide above and beyond the sessions. Because I am a sole proprietor, I am ethically obligated to be available to my clients between sessions if needed. My clients are aware that they may request a "bridge" between sessions if needed. That means I will call them on the phone and we will address the issue at hand in a brief, but efficacious manner. I do NOT charge for these calls. I cannot even imaging telling my clients who are currently audio only that I can no longer provide them services. I encourage you to support reimbursement for the continuation of "audio only" Telehealth. It provides necessary alternatives to video/computer Telehealth during this new world order. It is quite clear that the COVID - 19 vaccine is NOT a silver bullet.

Regarding the proposal to allow the private sector to determine reimbursement rates for Telehealth services… therapists in private practice carry the burden of a 15% self employment tax. Add this to a State Income Tax. I bill my sessions at $140.00, which is customary in this area for a clinician with a Master's Degree and State License. The Masters Degree education cost over $70,000. I finished paying graduate school loans at the age of 59. After grad school there were two years working for a community mental health agency with a salary of 28,000/yr in order to gain continued experience and accrue 200 hours of supervision as a means to State licensure. This was followed by added NH Licensure requirements of sitting for the State exam, providing ethical essays and documentation of all hours accrued during two, nine-month long internships during graduate school. There has also been the added expense for re-licensure credits in education …48 credits every two years ($1000 +) and re-licensure costs - $270.00. Therapists are also mandated to have two hours/month of peer collaboration. All of this to be able to access insurance panels. I believe $140/session is fair.
However, **insurance companies reimburse anywhere between $58 to $98/session.** Under the insurance contracts, I am not allowed to bill for the difference. That means after taxes I net approximately $30 - $58 for each 50 minute session. For years I have heard how employees with no college education in construction, business, insurance companies-- are earning far more money more than those of us in human service. Why is the care of human beings so undervalued? To remove parity in payment for Telehealth is an insult to our field and discourages others from becoming therapists when there is a drastic shortage. I have heard from representatives of insurance companies that their behavioral health networks are currently "crazed" due to the pandemic and an inability for their members to find qualified therapists. Currently, my own practice is full. Although that message is on my voice mail, I continue to receive messages from people asking me to please call them back. I work from 7 or 8 a.m. until 7 pm, 4-5 days a week. I have been working these hours since 2007. These are not

all clinical hours. There is a plethora of paperwork and documentation expected for insurance audits and licensure requirements. I have been informed by my peer consultation group that most of us in this area are full and unable to take on more clients. At the beginning of the pandemic I had at least eight former clients request to return due to stressors related to COVID. I took them back.

There are many NH employees working for companies who've been informed they will remain working from home indefinitely. **They are not worried about a cut in pay**. Unlike mental health clinicians, their fears of loss of pay has been assuaged by their employers. We, as clinicians are always in fear of loss of income by insurance companies. I am taking this week off to recharge and yet I find myself spending hours to write and revise letters to inform my State Representatives and State Senator and now this committee of my concerns. But, the three gentlemen who authored House Bill 602 merely took HB 1623B and drew two lines through the words: parity and audio only therapeutic treatment. I reviewed their bio's. Two of the three are connected with the insurance industry. I am merely a therapist trying to help others survive, heal and cope with life. I simply want to treat my clients and be reimbursed for Telehealth as if I was in a room with those clients. Everywhere I turn in the news: "Telehealth is here to stay!" Mental health clinicians should be paid the same amount whether they are in their office in face to face sessions or while using Telehealth.

Please advocate for the continuation of HB 1623B as signed into law by Governor Sununu less than eight months ago.

Respectfully,

Janet

Janet P. Cleary, MA, LCMHC
Licensed Clinical Mental Health Counselor
EMDR Certified
P. O. Box 10125
Swanzey, NH 03446
603-209-1526

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Liza Colby
Sent: Saturday, January 30, 2021 5:21:14 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to House Bill 602
Importance: Normal

Dear Representatives

I am a psychologist in private practice, in Southern NH. I am asking that you OPPOSE HB602, a bill that would be detrimental to both mental health and substance use treatment access as well as to the economic impact to many mental health providers.

Phone only services have greatly benefited my patients. most significant is a patient I have who has a Trumatic brain injury who cannot use a video screen because it makes her symptoms worse. Without access to telephone only she would not be able to have sessions with me. I would consider that discriminatory. If the tools are available please let them be used fully to benefit patients with disabilities and senior citizens. I also provide services to senior citizens who cannot use a computer very well. I also have patients that are in abusive situations that want to talk on the phone only rather than having someone else see the screen.

Telehealth has not only allowed access to treatment during COVID, it has become an alternative to in-office appointments that many of my patients appreciate and will choose even after the pandemic. Not all my patients have reliable internet access, particularly older, rural, and underserved populations. Even typically reliable internet connection hasn't always been reliable, so patients have been able to continue treatment on those days when the video connection hasn't worked. Missed sessions have lessened because of the ability to offer choice to patients rather than restrictions. Limiting or losing access to treatment will ultimately result in increased costs either through emergency services or more intensive services.

As a business owner, if telehealth is no longer paid at parity with in-office services, this economic impact will result in more stress. The problems that I face are genuine. I really don't want to be spending that time worrying about finances. It is already challenging enough with the restrictions that Insurance puts on my practice. I plan to offer both in-office and telehealth options since telehealth is not appropriate for every patient. There is already a healthcare workforce shortage in New Hampshire. Reducing the income of clinicians when low reimbursement rates are already one main reason for the workforce shortage is not in the best interest of the citizens of New Hampshire. This also will reduce access to care which only increases healthcare costs in the long run.

Thank you for your time and for your service to the citizens of New Hampshire.

Dr. Colby

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Marci Morris
Sent: Sunday, January 31, 2021 10:55:19 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to HB 602
Importance: Normal

Health and Human Services and Elderly Affairs

Honorable Committee Members:

This is written in opposition to HB 602 which is being heard in your committee on February 2, 2021. In other times, I would come to the hearing to testify but due to the pandemic have chosen to provide written testimony.

I'm a Licensed Independent Clinical Social Worker and have a small private practice in Newmarket. At the onset of this pandemic, my office closed to clients, and treatment was briefly interrupted. Along with other colleagues in the field, I invested in training to provide Teletherapy so that services would not be interrupted, purchased HIPAA compliant software, and continued to keep the office open, serving clients through teletherapy.

One elderly client who was medically compromised with mobility problems had received therapy services at home. Due to multiple serious medical issues, continuing therapy at home was not an option due to the very high risk for virus transmission. Under the Governor's Emergency Order, telephonic therapy was allowed and was to be compensated at the same rate as in person treatment, which allowed treatment to continue. I had weekly sessions by telephone with this client and the psychiatrist maintained regular telephonic sessions every two months as well. This is a client who had a history of past hospitalizations for behavioral health needs and has been able to live independently with support and manage symptoms so that further hospitalizations were not necessary. The isolation experienced by this client and lack of access to teletherapy, made telephonic therapy sessions the only viable option for this very high risk elder. Providing this service prevented far more costly intensive treatment.

Since the pandemic, I have continued to serve clients not just from the Newmarket area, but from around the state and have been contacted by people needing services living in rural areas with limited access to therapy in their home towns. The clients served have been grateful that there were options available for accessible treatment; some because they had no transportation, others because they were unable to leave their home for treatment due to child care issues, others for mobility issues, and still others because of demanding work and home schedules. My costs have not gone down because I have been providing Teletherapy, in fact there have been additional training and technology costs in addition to the costs of maintaining an office. The therapy services provided to clients through this medium do not require less expertise or effort.

It's not uncommon for clients seeking treatment from my office to report a three or more month wait for services at their community mental health centers. I personally get at least 2-3 calls weekly from individuals and families seeking teletherapy which I have to refer to other clinicians. These clients often report that they have not been able to find a therapist despite many calls. In the past, legislation has been filed to address the scarcity of mental health practitioners in the state. This legislation would discourage small business owners from providing this service for some of New Hampshire's neediest residents and I urge you to vote against this bill. Thank you for your consideration.

Sincerely,

Marci Morris, LICSW
141 Main St. Ste. 6
Newmarket, NH 03857

603-659-6999 Office
603-591-7214 Cell

Marci Morris, LICSW
141 Main St. Ste. 6
Newmarket, NH 03857

603-659-6999 Office
603-591-7214 Cell

Archived: Wednesday, March 17, 2021 12:49:56 PM
From: Janie Webster
Sent: Sunday, January 31, 2021 12:29:59 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

I am opposed to this bill because it does not allow telehealth phone calls which are vital in this pandemic for people who do not have WiFi connections. It's just one more example of widening the gap between the haves & the have nots. And when that affects the health care system it's totally egregious! If a medical provider is willing to help these people they should be applauded! Not penalized!
Please think clearly about the importance in many peoples lives who w/o telephone appointments would have no help as we deal w/ covid & beyond.

Jane H Webster, New London, NH

Sent from my iPhone

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Marie Rossachacj
Sent: Sunday, January 31, 2021 12:41:53 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Dear Committee Members,

I am writing today to express my strong opposition to HB 602. It will provide hardship for many citizens including myself. I do not use Zoom or any other app that provides Video and Audio for Telehealth medicine appointments, I have phone telemedicine visits with all providers I use.

I am 72 years old and find using the newer technology of zoom calls troublesome. My providers know me well enough that the video portion you are proposing is not necessary.

I feel there are many who are do not have wifi connections. Most seniors have a phone and this is their only way to receive continuing healthcare through phone telemedicine visits.

Please kill this bill.

Sincerely yours,

Marie Rossachacj
111 Fenwood Commons
New London, NH 03257

Phone 603-526-4969

Cell 603-748-0985

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Diane Roberts
Sent: Sunday, January 31, 2021 12:53:22 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to HB 602-FN relative to reimbursements for telemedicine.
Importance: Normal

I urge you to OPPOSE HB 602 -FN

As a member of the community who has cared for people in the rural parts of the state of NH I am aware of the problems facing access to health care during normal times.

Now, in the time of COVID, care providers are offering access to services through telehealth. The audio/video service is not a perfect substitute but adequate – especially for those who fear exposure. The problem is that with scanty internet in rural areas, an audio/video connection is impossible. I live in Holderness, NH and because of where I live in Holderness, I cannot have cable (the company won't run a line to my house as I am rural), and the phone line with FairPoint cannot support a video + audio call. I have had to go outside of those two avenues and pursue a third – expensive-option. I am a person of means – but also, the third option is available to me.

It is not available to everyone. In rural areas of the state, (or in Holderness), there are places where video capability can't be supported. I think it's unconscionable for you to not reimburse providers who can only reach people via phone line. You are essentially limiting access to healthcare to these individuals. You would not expect to work for reduced wages for services rendered, and yet, you are expecting providers to continue to care for the underserved in this state – because that's what they do – and risk being reimbursed at a lesser rate for their time because of this bill.

I urge to OPPOSE HB 602

Thank you,

Diane M. Roberts, MSN, RN, GNC, CNE (she, her, hers)

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: drdhamilton
Sent: Sunday, January 31, 2021 1:12:56 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to HB 602
Importance: Normal

Deborah H. Hamilton, DEd, LICSW
Exeter Psychological Associates
370 Portsmouth Ave.—Suite 7
Greenland, NH 03840
(603) 692-4060 FAX (603) 372-0804

To the members of the House Committee for Health, Human Services and Elderly Affairs:

House Bill 602

Hearing Date 2/2/2021

This bill would remove the audio-only option for telehealth AND allow insurance companies to reimburse at a lower rate than in-person.

I am opposed to this bill. I am a psychotherapist in private practice. More than half of my clients are elderly, many with serious health conditions, and not at all tech savvy. They have been isolated during the pandemic and rely on remote services, including appointments by phone.

If the voice only option is eliminated from insurance reimbursement it will prevent at least 25% of my clients from receiving critical mental health services.

In addition, I see at least 50-60% of my clients remotely, again due to the pandemic, distance, weather, or other factors that keep them from meeting in person, including those who have been exposed to COVID or who have tested positive for COVID.

I believe it is unethical for insurance companies to penalize me as a provider by reimbursing at a lower rate for telehealth services, thus restricting access to mental health services. There is no logical reason for such a reduction in reimbursement rates.

In addition I am in the vulnerable age category for COVID-19. I have limited my exposure to many people who are ill or who may have a higher probability of transmitting the virus.

In summary:

- Older clients have greatly benefited from this option
- Our clients without reliable internet have benefitted from this option
- Our clients without reliable transportation have benefitted from this option
- Clinicians in private and small group practices are small businesses
- Access to mental and behavioral health services can help prevent future costs associated with more intensive services

Thank you for your attention.

Deborah H. Hamilton, DEd, LICSW

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Dominique
Sent: Sunday, January 31, 2021 1:50:36 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Good Morning,

I'm writing to you regarding the telehealth provision of HB 602, set for review on 2/2/21.

Allowing insurance companies to pay below rate for services due to telehealth being the face to face interaction is not appropriate.

Providers have been able to meet needs despite significant barriers throughout the pandemic due to their access to telehealth services. Requiring mental health providers to risk covid infection due to removing telehealth as an option isn't acceptable. Further, some residents have expressed a preference for telehealth services.

Thank you,

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Maryann Lary
Sent: Sunday, January 31, 2021 3:12:42 PM
To: ~House Health Human Services and Elderly Affairs
Importance: Normal

HB 602. I am opposed to this bill, it makes
very little sense to me sense to choose to
compensate telepsych services, in the middle of a pandemic. In the North Country we struggle to provide mental health care in our rural area, telepsych has been a huge benefit for this area, if services are not reimbursed as they are for unperson, this will cause providers to revert to in person, which will restrict access to those who need it most. Telepsych provides the same service as in person, the pt is still speaking to a qualified counselor, they are not getting less service or lesser quality. This will be a huge step back wards in mental health, many pts benefit, less compensation means less access in the end it will cost the state more, hospitals will be forced to extend pt length of stays as we wait for in person services. This makes no sense when the need is so great!
Please reconsider this would be a devastating decision with major repercussions. Respectfully submitted
MaryAnn Lary RN

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Chuck Rhoades
Sent: Sunday, January 31, 2021 3:24:24 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Dear Representatives,

I am writing to encourage you to vote AGAINST H B 602. This bill allows private insurance companies to arbitrarily cut payments to telehealth providers while doing nothing to help patients and providers.

Telehealth has become a viable service delivery system because of the pandemic and providers have diligently responded to the crisis by re-engineering the system. To penalize them for meeting the needs of their patients is irresponsible and short-sighted.

Please defeat this terrible bill.

Sincerely,

Charles Rhoades, Ph.D
Dover, NH

Sent from my iPad

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: John H. Wasson
Sent: Sunday, January 31, 2021 3:51:31 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602 hearing 2/2/21
Importance: Normal

I am a recently retired physician. During my career I have been an expert in telemedicine and the measurement and improvement of ambulatory care. For decades I also provided telemedicine to my geriatric patients. Based on this expertise and experience I OPPOSE Bill 602. The current bill will make the provision of telemedicine much less fair and probably more costly, and certainly less cost-effective relative to telemedicine provided by the telephone.

For unique situations, such as dermatology and the evaluation of some acute illnesses, video-enhanced telemedicine is preferable and often mandatory. However, **the effectiveness of video-enhanced telemedicine compared to standard telephone has never been studied** for common chronic conditions. What we do know is that video-enhanced technologies are difficult to implement and more costly.

In contrast, the research supporting telemedicine by a standard telephone is strong. When five hundred patients were randomly assigned to receive care from their usual provider by standard telephone:

- The patients experienced "increased frequency of clinician contact, less waiting and travel time, lower cost, and the possibility for reduced mortality and improved function,"
- The payers, gained "the unusual combination of cost savings and improved outcomes." **The estimated savings was six dollars for every dollar paid for telephone care**. (1)

Going forward, the policy question that undergirds HB 602 is whether clinicians should have complete flexibility as to when and how often to substitute telemedicine for current in-person services, or whether the State and other payers should restrict the types of patients, methods offered, or frequency of use. Based on studies, the right answer is neither.

Instead, given what we know, towards that policy question of whether telemedicine implementation should be left to clinicians or payers, shouldn't telemedicine be equitably organized around what matters to patients?

I offer my services to the committee if it wishes to consider simple methods to enhance the cost-effectiveness of telemedicine for what matters to patients. [Recent references explaining workable methods are appended. (2,3)] But first, HB 602 must be placed in the dustbin.

HB 602 is based on no evidence, it is likely to be more costly than the status quo, and it may trigger judicial review because it would be executed with a-priori knowledge that it is going to be discriminatory.

1. Wasson J, Gaudette C, Whaley F, Sauvigne A, Baribeau P, Welch HG. Telephone Care as a Substitute for Routine Clinic Follow-up. JAMA. 1992;267(13):1788–1793. doi:10.1001/jama.1992.03480130104033 (Over 500 published citations by other scientists).
2. Wasson JH. (2020) Practice Standards for Effective Telemedicine in Chronic Care Management After COVID-19. J Ambulatory Care Manage. Vol. 43, No. 4, pp. 323–325
3. https://www.kevinmd.com/blog/2020/10/telemedicine-for-proficient-longitudinal-management-of-chronic-conditions.html

CONFLICTS OF INTEREST: NONE

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Lynn Scott
Sent: Sunday, January 31, 2021 4:14:35 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Dear Committee,

I would like to express my sincere opposition to HB 602. As a health care provider in NH, the ability to utilize Telehealth services during this pandemic has been a excellent way to safely provide health care to our patients. It has allowed both the patients and the providers to remain healthy. It is a more efficient way to deliver health care and most of the patients appreciate the fact that they can still be in touch with their provider and not miss care.

These Telehealth visits, have not eliminated in person visits. The in person visits continue when indicated or as patients desire. The Telehealth option has provided us with an alternative way to deliver care and educate our patients.

As a health care consumer, I have also appreciated being able to connect with my provider via Telehealth. It has offered me ongoing care without risking my or my providers health and it saves me time.

Telehealth also allows providers the opportunity to deliver care during inclement weather.

Please know, that I feel this bill will have a negative impact on our health care system.

Sincerely,

Lynn Scott

Lynn Scott
18 Garrison Drive
Bedford, NH. 03110
603-661-5610
lynn.scott@xlisp.org

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Jessica Pollack
Sent: Sunday, January 31, 2021 6:29:16 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Written Testimony in Opposition to HB 602
Importance: Normal

My name is Jessica Pollack. I am a nurse practitioner. I spent 16 years working in Internal Medicine here in Concord, and now I work in a specialty practice in Manchester. I am a member of the NHNPA, but I am here speaking as a community member.

I am opposed to HB 602. Since March 2020, telehealth (both video and audio) has become an invaluable tool in providing high quality, consistent care to our patients.

Telehealth allows patients (many of whom are high risk) to avoid the multiple potential exposures to COVID in a medical office. For patients who are home with their school-aged children during remote learning, telehealth allows them to keep their medical appointments, which they may otherwise have to cancel. At my practice, while most of our telehealth visits are audio visits, we have had to rely on telephone visits when we have connectivity issues, either on the provider-end or the patient-end. Also, in our practice, telephone visits are the *only* way we can have a visit with our non-English speaking patients using the language line. Telehealth allows medical practices to protect their staff from potential COVID exposures as well.

If HB 602 *is* passed, medical practices would feel financial pressure to encourage patients to schedule in-person visits. This would result in increasing the risk of COVID transmission for patients and staff. Instead of this bill, I would leave things as they are, allowing the patient and provider to determine how best to schedule a visit. Based on conversations with my own patients, I would predict many patients would defer their in-person medical visits (due to fear of COVID), resulting in interruption of continuity of care, delaying of needed care – think untreated hypertension, diabetes, asthma, chronic obstructive pulmonary disease, etc.

For these reasons, I am opposed to HB 602. Telehealth (both audio and telephone) remains an invaluable tool in providing high quality, equitable care to the citizens of New Hampshire, and should be reimbursed equally to in-person visits.

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Jennifer Packard
Sent: Sunday, January 31, 2021 9:36:55 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Testimony in opposition to House Bill 602
Importance: Normal

Dear Senate Committee:

Thank you for taking the time to review my written testimony.

My name is Jennifer Pelli Packard, MD. I am an internist and pediatrician, double board-certified, and I serve as a patient primary care physician for Catholic Medical Center.

I oppose House Bill 602 which seeks to remove full funding for a telephone only visit. This further marginalizes an at risk population who doesn't have full access to telemedicine services because they don't have a smart phone, tablet or computer. This patient population is already marginalized as they do not have access to transportation to easily get to a doctor's office.

During telephone only hospital follow-up appointments, I fully serve the patient. I adjust patient medications over the phone and improve their medical care immediately. If they did not have access to such services, I suspect that their personal health would've deteriorated and this would have resulted in additional costly emergency department visits and re-hospitalizations.

I performed several telephone only visits successfully maintaining and improving chronic health issues in both adults and children such as congestive heart failure, diabetes, hypertension, high cholesterol, chronic obstructive pulmonary disease (COPD), attention deficit disorder, attention deficit disorder with hyperactivity, anxiety and depression. Again, this has improved medical care for these patients and prevented additional costly visits to places like the emergency department.

I have successfully treated several telephone only acute visits over the phone including urinary tract infections, rashes and exacerbations of mental health issues such as panic and depression.

Telephone only visits are successful. Please oppose House Bill 602 as telephone only visits ought to be fully reimbursable as a telemedicine visit.

Thank you,
Jennifer Packard, MD

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Lisa Weldon
Sent: Monday, February 1, 2021 9:02:55 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Re: HB 602
Importance: Normal

Dear Members of the Health, Human Services and Elderly Affairs Committee:

I am a Psychiatric Nurse Practitioner at Riverbend Community Mental Health in Concord serving the older adults team (those over 60).

I would like to explain my opposition to HB 602.

When Governor Sununu issued the ability to deliver mental health services by telephone last Spring, this was one of the most fundamental empowerments affording care to the severely mentally ill in our community.

Ninety percent of my caseload is currently being served via phone as they cannot afford computers, I-phones, etc. These patients are well known to me and they feel phone appointments are helpful and enable them to stay safe at home and not exposure themselves by coming in for care.

Our patients suffer 24/7 with chronic suicidal ideation, psychosis, self-harm urges towards self and others, etc. They are critically dependent on audio services during this pandemic to keep mentally stable, stay safe, and remain out of the hospital - which also frees up more beds for COVID patients. None of my patients has died from COVID 19, while only a handful (of approx.260) have knowingly contracted the virus. None has been hospitalized for COVID for any length of time.

Of note, delivering services by phone has now connected much needed treatment to those who have chronic roadblocks to receiving mental health care, like the elderly, those without reliable transportation and those with complicated medical issues. I am therefore hoping that this option continues to at least be available for this segment of our population, even post pandemic. The rate of adherence with appointments has actually improved using phone appointments, because it has removed barriers for our patients (usually transportation, as many either don't drive, or cannot afford to maintain a car).
The telephone is a technology, albeit an older one, that allows older adults to stay connected to care and make their appointments reliably. In our 'business' of mental health, hands-on care is rarely required, so services delivered by phone are particulalry appropriate.

In my professional opinion, passage of this bill would have a devastating impact on our community.

With thanks for your consideration,

Lisa Weldon, APRN
Riverbend Community Mental Health
10 West Street
Concord, NH 03302-2032
T-603-225-0123 x5176
F-603-226-7565

Lisa B. Weldon, PMH-NP
Psychiatric Nurse Practitioner
Purple Team
(p)603-225-0123 ext 5147
(f)603-226-7565
Riverbend Community Mental Health
10 West Street
Concord, NH 03301
https://zoom.us/j/3192582346

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Rogers, Gregg
Sent: Monday, February 1, 2021 9:06:13 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602 will deny access to psychiatric care for rural/northern NH
Importance: Normal

Hello,

Hope you are well. I have been working remotely on and off throughout the pandemic. Due to the lack of high speed internet the only way I can reach some of my patients is over the phone. These patients were already struggling with isolation before the pandemic. A phone call is often the only interaction these people have with another human for days. It is how I conduct appointments at times during these difficult times, it is not easier and this process often takes more of my time. It is how I prescribe meds. It is how I make recommendations. There is no other option for these patients unless you can provide free high speed internet to everyone in the state by Tuesday.

- Telehealth has been critical for access to primary care, behavioral health care, substance use disorder treatment and recovery, and a wide range of other health care services during the Covid-19 pandemic. It would be a regressive and short-sighted move to limit its use now.

- In the post-pandemic world, telehealth will not be the only or even the primary means of providing service, but it will continue to be an important component in the provision of health care services.

- HB 602 will do away with reimbursement parity for telehealth services. It will also eliminate the use of audio-only telephone or facsimile. This will have an immediate negative impact on NH citizens who do not have access to or cannot afford internet connectivity or a computer/tablet/smart phone.

- The Legislature created a Telehealth Study Commission just a few months ago to look at long term policy issues. That Commission needs time to do its work and report back to the Legislature before big changes are made in how NH citizens are able to get healthcare.

Please, do not eliminate the only access to care that some patients have. This may not seem like a big problem to legislators that live in southern NH, but I can attest that the situation is entirely different from the White Mountains to the Canadian border. Thanks for your time.

Gregg Rogers, PMHNP, FNP
Psychiatric-Mental Health Nurse Practitioner
Lakes Region Mental Health Center
599 Tenney Mountain Highway, Plymouth, NH 03264
603.536.1118 x318

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Shelley Drake
Sent: Monday, February 1, 2021 9:27:11 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Bill 602
Importance: Normal

I am an LICSW that prior to Coivd provided in person services to elderly clients. Since mid-March 2020, I have provided Telehealth services through the computer and phone for elder and younger clients. Payment reciprocity has allowed me to continue the services without financial loss or concern about ability to continue providing services. I am the primary wage earner in my family. Having phone services also remains essential because internet service is spotty at best in some of our rural communities and many populations including elders struggle to navigate or do not have access to the technology. I have personally provided hours of supportive services that would not have been possible to elders without phone services being allowed and they would not have received services otherwise.

I vehemently oppose this bill.

Shelley Drake, LICSW

Archived: Wednesday, March 17, 2021 12:49:55 PM
From: Sheridan, Laura
Sent: Monday, February 1, 2021 9:36:49 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Please oppose HB 602
Importance: Normal

Dear Representatives:

I am a psychologist who works in a hospital clinic and in private practice in Nashua/Merrimack. I am asking that you OPPOSE HB602, a bill that would be detrimental to both mental health and substance use treatment access as well as to the economic impact to many mental health and substance use practices and businesses.

Impact of loss of audio-only treatment coverage

Telehealth has not only allowed access to treatment during COVID, it has become an alternative to in-office appointments that many of my patients appreciate and will choose even after the pandemic. Not all my patients have reliable internet access, particularly older, rural, and underserved populations. Even typically reliable internet connection hasn't always been reliable, so patients have been able to continue treatment on those days when the video connection hasn't worked or has cut out early in the session. My older patients can find the technology confusing and cite it as a barrier to treatment if they are not allowed the option for audio only sessions. Missed sessions have lessened because of the ability to offer choice to patients rather than restrictions. Limiting or losing access to treatment will ultimately result in increased costs either through emergency services or more intensive services, both now during the pandemic and after. Unfortunately, it can also lead to increased suicide rates as well.

Impact of loss of parity in reimbursement

As a business owner, if telehealth is no longer paid at parity with in-office services, this economic impact will result in reductions of therapy services provided, as many patients cannot afford to pay for telehealth privately. The service that is provided is the same regardless of whether it is in-person or through telehealth. There are still the same costs for overhead as my practice offers both in-office and telehealth options since telehealth is not appropriate for every patient. There is already a healthcare workforce shortage in New Hampshire, as many clinicians cannot afford to accept the low reimbursement rates from insurers, the extra time required to manage the contracts, fight for payment, keep up with the ever-changing rules specific to each product that an insurer offers, or appeal potential clawbacks that are a risk with accepting any insurance contract. Reducing the income of clinicians when low reimbursement rates are already one main reason for the workforce shortage is not in the best interest of the citizens of New Hampshire. This also will reduce access to care which only increases healthcare costs in the long run.

Thank you for your time and for your service to the citizens of New Hampshire. Please OPPOSE HB602.

Sincerely,

Laura Sheridan, Ph.D.

NH #1291

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: kcallahan@merrimackvalleycounseling.org
Sent: Monday, February 1, 2021 11:42:59 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB-602
Importance: Normal

Dear Representatives:

I am a psychologist who owns a private practice treating mental health. in Nashua, NH. I am asking that you OPPOSE HB602, a bill that would be detrimental to both mental health and substance use treatment access as well as to the economic impact to many mental health and substance use practices and businesses.

Telehealth has not only allowed access to treatment during COVID, it has become an alternative to in-office appointments that many of my patients appreciate and will choose even after the pandemic. Not all my patients have reliable internet access, particularly older, rural, and underserved populations. Even typically reliable internet connection hasn't always been reliable, so patients have been able to continue treatment on those days when the video connection hasn't worked. Missed sessions have lessened because of the ability to offer choice to patients rather than restrictions. Limiting or losing access to treatment will ultimately result in increased costs either through emergency services or more intensive services, both now during the pandemic and after. Many of our elderly patients are uncomfortable with the latest technology.

As a business owner, if telehealth is no longer paid at parity with in-office services, this economic impact will result in a loss of help for the community. The service that is provided is the same regardless of whether it is in-person or through telehealth. There are still the same costs for overhead as my practice offers both in-office and telehealth options since telehealth is not appropriate for every patient. There is already a healthcare workforce shortage in New Hampshire. Reducing the income of clinicians when low reimbursement rates are already one main reason for the workforce shortage is not in the best interest of the citizens of New Hampshire. This also will reduce access to care which only increases healthcare costs in the long run.

Thank you for your time and for your service to the citizens of New Hampshire. Please OPPOSE HB602.

Dr. William B. Flynn
Director
Merrimack Valley Counseling Association
39 Simon Street, Suite 2A
Nashua, NH 03060

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Guarente, Christine
Sent: Monday, February 1, 2021 12:32:58 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

I am opposed to this bill on many levels. As a therapist with Lakes Region Mental Health Center I have been making us of telehealth and therapy by phone on a daily basis. It is the best way during this pandemic to be able to serve our patients, many of whom are in challenging situations. We are not in an ideal world right now and the ability to afford internet, a smart phone, or a computer is not possible for many of our patients. Yet, they deserve to be provided appropriate care as much as those who don't have technological challenges. The use of these tools results in a decrease of the likelihood of transmission of COVID 19 so it is something that all of us should do our utmost to utilize in this uncertain world. I look forward to the time when I can see all my patients face-to-face but I fear that is going to be a long wait. Meanwhile I and others rely on both telehealth and telephone. There are times when there are connectivity issues with the internet so we have to rely on phone contact. Sometimes a session will start with telehealth and then have to be switched to phone due to these problems. And, of course, there are patients who do not have the ability to do telehealth so we rely on phone services. To have that taken away would result in a reduced level of care for some of the most vulnerable people in this state and that is not acceptable in my eyes.
Another aspect to be considered is the fiscal health of all the mental health centers in the state who rely on funding from Medicaid to survive. To take the ability to charge for services provided by phone is to risk losing these agencies or, at the least, decreasing the services these vulnerable patients need so much.

PLEASE DO NOT RISK ALL THE MENTAL HEALTH AGENCIES IN THIS STATE
PLEASE DO NOT PREVENT US FROM PROVIDING SERVICES TO SOME OF THE MOST VULNERABLE CITIZENS OF THIS STATE

Thank you –

Christine Guarente, LCMHC

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Ruta Morrissette
Sent: Monday, February 1, 2021 1:58:00 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602 relative to reimbursements for telemedicine
Importance: Normal

To the House Health, Human Services, and Elderly Affairs Committee,

I oppose HB 602 relative to reimbursements for telemedicine. This bill eliminates the requirement that private health insurers and NH Medicaid pay the same rates to providers for telehealth services as for in-person services. HB 602 threatens emergency protections developed because we are providing services during a pandemic. The original language was drafted in reaction to Executive Orders to help people and there is no reason for changes to be made at this time

In addition, the bill states that audio only (telephone) is not considered telehealth. A recent survey by the Centers for Medicare and Medicaid Services (CMS) of telehealth usage by Medicare recipients during the pandemic. showed that one third of telehealth appointments took place by phone. This bill threatens to restrict access to a mode of care that has proven to be of use to many people, including my parents and other elderly family members. This bill is biased against some of the most vulnerable members in our state.

Respectfully submitted,

Ruth Morrissette
221 Millwright Drive
Nashua, NH 03063

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Brittany Sipe
Sent: Monday, February 1, 2021 2:08:21 PM
To: ~House Health Human Services and Elderly Affairs
Subject: I'm asking you to vote no on HB 602
Importance: Normal

My name is Brittany Sipe and I am a clinical mental health counselor/therapist who works in New Hampshire. I am asking you to vote no on HB 602.

There is currently a growing body of evidence to support the efficacy of telehealth. As a clinician, along with my colleagues, I have been able to service and support and meet the needs of families and clients in an unprecedented way. I have been able to provide, arguably, more comprehensive services and do in vivo work that was otherwise done through role-play. Telehealth, including audio, has allowed clinicians to removing barriers to treatment for all New Hampshire residents who may have transportation challenges or other difficulties in terms of coordinating care. Additionally, I have been able to work with the whole family system to provide care rather than just an identified client. My role is also as a school-based clinician and telehealth work allows me to support children and their families in a whole new way. Telehealth has provided a new and especially needed opportunity to bridge the gap between the school and family system relationship. Telehealth provides a true opportunity to meet a client where they're at and set treatment goals that build to success.

Supporting this bill shows that you believe the work that therapists are currently doing in the midst of month 10 of a pandemic is somehow less than by allowing insurance companies to charge less for visits there by impacting clinician wages. This makes a statement that you don't recognize the workload that we are carrying not just as helping professionals but as individuals trying to balance the needs of our own families. The impact that passing this bill would have would force clinicians to work harder than we already are simply to get to the same rate that we have been.
The personal impact on my family is that I will be spending more time supporting other peoples' families and children and less time with my own simply to make up the difference of what this bill would take away. I am asking you to continue to support and champion the good work that therapists and counselors are doing all across the state and VOTE NO on HB 602.

Thank you.

Sincerely,

Brittany A. Sipe, CMHC

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Susanne E. Tanski
Sent: Monday, February 1, 2021 2:28:24 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Oppose HB 602
Importance: Normal

To Whom it may Concern,

I am writing to voice my **opposition to House Bill 602**, which will functionally significantly reverse positive strides in the advancement of telehealth as a functional and feasible mode of delivering health care. The proposed changes to no longer allow audio-only as a reimbursable mode for telemedicine will create substantial equity concerns, in particular for those who do not have reliable access to the internet either at home or via a cell phone with internet plan. Our more vulnerable patient groups will be substantially disadvantaged by this change, which would then mandate a face to face visit for their care while an alternate mode of care may have sufficed. Many visits can be very well carried out using telehealth, saving substantial time on the part of the patient by limiting driving time and waiting room time. Further, for families with young children, it saves the need to find babysitters for children not allowed to be present at the visit due to Covid visitor restrictions. These are REAL and SUBSTANTIAL issues for families, which have been ameliorated with the advent of telehealth visits.

For many patient visits, the visit may be planned as a video visit, and we need to convert to a telephone encounter due to difficulties with the technology. By no longer covering these visits as currently reimbursed, we are disadvantaging the providers and the patients significantly. As providers we have booked this time for this patient encounter to deliver care. Our patients have set aside this time to receive this care. The time and expertise is largely the same, thus there should not be a penalty for a failure of technology/needing to convert from video to audio-only.

I urge you to oppose this bill. Telemedicine has been critical to patient care during the Covid pandemic, and proven its worth as a modality for care delivery that should continue beyond the pandemic.

Thank you for your consideration.

Sincerely,

Susanne Tanski, MD MPH
Grantham, NH

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Erin L. Reigh
Sent: Monday, February 1, 2021 3:15:44 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Written Testimony on House Bill 602, Hearing on February 2nd at 9:30 AM
Importance: Normal

To Whom It May Concern:

I am writing to oppose House Bill 602.

I am a physician in the field of Allergy & Immunology and have been employed at Dartmouth-Hitchcock Medical Center for over 4.5 years. The emergence of telemedicine has been welcomed by my patients, who would otherwise have to travel hours to reach an allergist due to the scarcity of specialists in rural areas like ours. Allergists also see patients with primary immune deficiencies, who are often relieved that they can see a specialist without having to expose themselves to the risk of infection by traveling. Traveling in inclement weather is also a challenge for our communities due to our harsh winters. These roadblocks to care have always existed in New Hampshire and will continue to exist long after this pandemic has ended. We should embrace telemedicine to improve the care of patients in New Hampshire, not discourage its use by limiting reimbursement or modalities.

Further, in January 2021, new rules for Medicare and Medicaid changed the way we are reimbursed for patient encounters. Notably, a physical exam is no longer part of reimbursement for established patients. In fact, it is only the medical decision making that determines reimbursement for these patients. There is no reason that a clinician who provides a virtual return visit should be reimbursed at a lower rate than a clinician who provides an in-person return visit when exactly the same decision making criteria are being met according to Medicare and Medicaid rules for both encounters. Cognitive work is work; it should be fairly compensated regardless of the setting in which it is provided.

I encourage you to please vote against this bill. We live in a unique environment and telemedicine has given us a golden opportunity to change the way we provide care in New Hampshire *for the better*. We would be foolish to cripple this industry with inferior reimbursements when it has so much potential and has already been embraced by so many in our communities.

Sincerely,
Erin L. Reigh, MD, MS
Section of Allergy and Clinical Immunology
Dartmouth Hitchcock Medical Center
Phone: 603-653-9885 Fax: 603-650-0907

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Jennifer Moore
Sent: Monday, February 1, 2021 3:24:32 PM
To: ~House Health Human Services and Elderly Affairs
Subject: RE: House Bill 602-FN
Importance: Normal

Regarding: House Bill 602-FN Relative to reimbursement for telemedicine

I am opposed to House Bill 602-FN .

I am a resident of Rockingham County NH and I am a Licensed Mental Health Counselor. I have an office in Massachusetts, however, since the pandemic started in March I have been working from my home office in NH. At the end of the pandemic I plan to have an office in Rockingham County only. I have been able to continue services to my current caseload of 60 clients, who are residents of the North Shore of MA and Southern NH because of the changes that were made to telemedicine temporarily. I am using a HIPAA compliant software program called SimplePractice to provide tele therapy for my clients.

I am respectfully requesting that you **do not** vote to change the telemedicine bill at this time. I have several clients that are single mothers with several children that have to work from home and support their children who are all in different grades, different schools, learning online and need access to a computer. For this reason clients that normally would be online in a video session with me for their therapy are oftentimes forced to only talk to me on the phone because one or more of their children need the computer for school. I also have a couple clients that have to use only the telephone because they are at their work, meeting on their lunch break, and cannot access internet for video sessions. I also have a client that is in her 70's and is not able to navigate the complexity of tele therapy or even have a phone or computer that is capable of video for tele therapy. I can assure you that the therapy I am providing is consistent with the therapy I provided in my office.

The other part of the proposed bill to allow insurance to reimburse at a lower rate than in person sessions will create a serious financial burden to me and my family. Prior to the Pandemic Insurance companies only reimbursed usually at 60% or 70% of in person session rates. If this was not changed at the begging of the pandemic I would not be able to continue to support my family. I am the main income earner in my home. My husband was out of work for Jan-Oct due to heart failure in 2020. If insurance was allowed to pay me at a rate of 60% my normal fee I would have most likely lost my house.

I cannot express to you how difficult this transition has been for myself and my clients and I am very concerned that if the changes that are proposed are allowed then I will have several clients that will no longer be able to access therapy services. I hope I have explained my situation clearly enough for you to understand the serious negative

impact the changes would make if the Bill 602-FN is to be passed. Please feel free to call or email with any questions. Thank you for your consideration

Sincerely

Jennifer Moore, LMHC
NH License #2312
MA License #8858
Raymond, NH 03077
(603) 303-2704

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Susan O'Callaghan
Sent: Monday, February 1, 2021 4:03:19 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602 - Opposition
Importance: Normal

Dear House Health, Human Services, and Elderly Affairs Committee Members:

I'm writing in opposition to HB 602 relative to reimbursements for telemedicine. This bill eliminates the requirement that private health insurers and our Medicaid program pay the same rates to providers for telehealth services as for in-person services. HB 602 threatens emergency protections created by Executive Orders. We are providing critical services to stressed and vulnerable families during a pandemic, which we are still in the midst of. It has not been less expensive for us to provide Telemedicine verses in person services. The original statutory language this bill threatens to amend was drafted in concert with Executive Orders to help people across our state and, particularly while the conditions in which they were drafted continue, there is no reason for changes to be made.

In addition, the bill states that audio-only communications would not be considered telehealth. A recent survey by the Centers for Medicare and Medicaid Services (CMS) of telehealth usage by Medicare recipients during the pandemic showed that one third of telehealth appointments took place by phone (citation: https://www.healthaffairs.org/do/10.1377/hblog20200715.454789/full/). Many patients may not have access to or feel comfortable using video technology. This bill threatens to restrict access to a mode of care that has proven to be of use to many people, including parents and other elderly family members who need or strongly prefer this option for their healthcare needs. This bill is biased against some of the most vulnerable members in our state and so, we urge you to vote against it.

Respectfully,

Susan O'Callaghan

Sue O'Callaghan, Esq.
Director of Public/Legal Affairs
& Chief of Staff
603-459-2716

COVID-19 ATTENTION: *Visit the NH.GOV website for the latest COVID-19 information, resources, and guidance. Click here https://www.nh.gov/covid19/ for tips and resources.*

Gateways Community Services is seeking reliable Direct Support Professionals (DSPs) to provide care and companionship to individuals we serve. If you or someone you know may be interested, please email your resume to Denise Bird at dbird@gatewayscs.org.

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Jessica Price
Sent: Monday, February 1, 2021 4:58:14 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

To all who are considering HB602,
I strongly oppose HB 602 regarding telehealth reimbursement. Today, a need for mental health services is more important than ever. As a retired practitioner in mental health I am very aware that services in NH are insufficient to meet the needs of the people. A bill which allows modification of reimbursement for telehealth will greatly adverse access to health care for many people in NH, including the elderly and those with mental health needs. Telehealth is an excellent way conduct counseling. It allows people to obtain healthcare from home when transportation, child care or weather do not allow. It decreases the risk of infection transmission.
Please strike down this bill, which only serves those who seek to increase profits.
Thank you
Jessica Price
Jessica Price
jessbells@gmail.com

"Love is the only force capable of transforming an enemy into a friend." Martin Luther King, Jr.

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Burns, Christopher
Sent: Monday, February 1, 2021 5:08:53 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Re: HB602
Importance: Normal

To Whom it may concern regarding HB 602:

I have been working as a Psychiatric Nurse Practitioner at Lakes Region Mental Health Center in Laconia, NH for over 2 years treating the severely and persistently mentally ill.

The pandemic has fundamentally, and most likely permanently, changed the way we deliver healthcare in this country. For our patients in this rural catchment area, barriers to treatment have been, and continue to be, lack of money, lack of mobility, lack of transportation, lack of technology and weather.

HB 602 will stop us from being able to work with our patients via telephone for billable services. Being able to use the telephone to provide needed mental health care to the poorest people in our area has been a game changer, especially for those who cannot afford internet access or where access is not yet available to them. Being able to communicate with our patients by phone when necessary has given all of us the opportunity to better care for those who desperately need help. It has ensured improved continuity of care when face to face treatment is either not possible because of a lack of technology, a breakdown in service, or where attending a face to face appointment could be a threat to someone's physical health and well-being. I recently was able to care for a pt who was physically unable to come into the office, and only has a flip phone. This patient normally can come into the office and usually does – we were able to maintain continuity of care which is the bedrock of mental health treatment: consistency.

Many of my patients are terrified of getting COVID, so much so that they rarely leave their homes, and refuse to come to the office for fear of getting sick. While the COVID19 vaccine rollout has begun, barely one percent of the population has received two doses, and it will be some time before that can happen; and so far in many states it has been shown that poor people and people of color have less access to

vaccine services, which means my population of poor, rural NH residents may have to wait for some time.

No one can dispute the advantage of face to face treatment and the utility of our advanced technology, nor do I suggest the phone to be utilized as a primary mode of treatment. But the phone has been a true lifesaver in this time and should remain as a useful and essential tool to provide care. Anyone involved in mental health care will tell you the system is overloaded; and that is also not going to change any time soon. Please do not ask us to serve our patients with one hand tied behind our back.

Sincerely,
Christopher Burns PMHNP-BC

Christopher Burns MS, PMHNP-BC
Psychiatric Nurse Practitioner
Lakes Region Mental Health Center
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603.524.1100
cburns@lrmhc.org
www.lrmhc.org
Visit us on the web, Facebook, Twitter, and YouTube

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Cheryl Ferren
Sent: Monday, February 1, 2021 5:17:46 PM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill 602
Importance: Normal

Good Evening,

It's with great concern that I am writing this email. The thought that our elderly clients will have to risk exposure to Covid-19 because they lack the ability or the means to obtain the electronic equipment or technology to receive their care without having to leave their home makes me both sad and angry. To threaten to reimburse less for telehealth seems strange to me. It will probably keep that service from being offered which would be criminal. The population that this bill is targeting is one of the most vulnerable during this pandemic and, in my opinion, it appears the State is proposing legislation to take away much needed services from the most vulnerable.

As an employee of a mental health center and a daughter of an elderly parent with severe mental illness, I know the importance of the treatment that is provided through telehealth and telephone services. Here are my thoughts on this:

1. To imply that the services rendered via telehealth aren't worth as much as an in person visit is inconceivable. The therapist or prescriber can see the client and care for them just as if they were in person. They can also reach those clients who, due to their illness, can not come in to the office to receive the much needed services. Telehealth is just as important and effective as in person visits and therefore the provider should be reimbursed just as much as they would have if they saw the client face to face. Also, the cost of the telehealth visit on the provider of the service is more due to the additional equipment and additional cost of the telehealth program that is used to render this service
2. Phone services – Picture yourself in the least populated areas of this state. I'm thinking someplace like Errol, NH where there is no immediate access to a mental health office, they're about 45 minutes away from the closest mental health center office and they do not have internet service because there is no carrier that offers it in their location. They're due for the refills on their antipsychotic medications or they're in crisis and they can't travel to the

office because of the weather or the river has flooded the roads and they can't get through. Their only option is to get on the phone with provider so they don't go without their medications. This is the reason we need to be able to bill for services where the phone was the only option.

3. On a personal note, I am so grateful for telehealth services as that is currently how my mother is being kept in stable condition for her mental illness. She is currently at a nursing home in the State of NH and without telehealth, they wouldn't be able to effectively treat her illness. With the pandemic she wasn't allowed to leave the facility to see someone at a mental health center. The center that is treating her is able to render her services via telehealth which has been a Godsend. Prior to the visits she was hallucinating and had to be sent to an external hospital to become stable. She wouldn't have been able to go back to her familiar home at the nursing home had it not been for the telehealth services offered by the mental health center. If providers, especially the non profit providers, are not reimbursed adequately for their telehealth services, they won't be able to offer them any longer and people, like my mother, will suffer.

With all of this said I hope you vote down this bill.

Sincerely

Cheryl Ferren

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Annalise Lawrence
Sent: Monday, February 1, 2021 6:33:37 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

To Whom It May Concern,

I am writing in strong opposition of the HB 602 legislation.

I am a physical therapist at Rise for baby and family in Keene, NH. We provide early supports and services to children from birth to age three years old with developmental delays, disabilities, and/or who are at risk for delays based on a multitude of family factors. Each year, Rise provides services to hundreds of families in the Monadnock Region, supporting infant and toddler development, coaching parents to more expertly care for their children, and helping families access local resources for food, fuel, housing, employment, and health. We firmly believe in a family-centered approach that sees the family unit as a whole and acknowledges that supporting all members of the family will provide longer-lasting benefits to the child. In the midst of a global pandemic, we are finding that our families are struggling and needing our support more than ever. Many parents and caregivers we work with are facing loss of employment or have been forced to work from home while assisting school-aged siblings with remote learning. In addition, many parents have elected to keep their infants and toddlers home from childcare out of fear of the global COVID-19 pandemic, or simply cannot afford childcare at this time due to changes in their employment status.

While services have always been provided in the home or childcare setting, the family-centered early supports and services that Rise provides have transitioned to telehealth services via video or phone call due to the global COVID-19 pandemic. Given that each provider sees as many as 5-7 children and families per day, and many providers work with infants, toddlers, and/or family members who are medically fragile and immuno-compromised, it would neither be feasible nor safe to go into homes or childcare settings while coronavirus cases continue to be so prevalent. An unforeseen silver lining of the pivot to providing early supports and services via telehealth, we as service providers have become increasingly successful with equipping parents to support their toddlers. We have been able to more successfully utilize the parent-coaching model that evidence indicates is the most effective approach in eliciting long-term change in the way that parents and caregivers care for their children. Services via telehealth have proven to be an effective method by which we are able to empower parents and caregivers to drive the change necessary for infants and toddlers to experience success in their development.

Like many in the State, the families with whom we work are dealing with an insurmountable number of stressors right now and it is taking its toll. We are seeing firsthand the social-emotional effects of needing to social distance and quarantine from extended family members who ordinarily are part of the child's support network, support school-aged children during remote learning challenges, balance ever-changing work schedules, and manage finances while one or both parents are out of work because of the pandemic. While the majority of our current services are via video conference, we have several families who request services be provided through a weekly phone call to discuss strategies and problem-solve solutions for that week's dilemma because, after a day full of third grade Google meets, professional meetings held via Zoom, and that 5 year old's dance class that froze every 5 minutes, that is all that they can handle. Additionally, for those unfamiliar with the Monadnock Region, we have many rural communities that do not have access to the technology required for successful video conferencing, leaving phone calls the only way for those families to access early supports and services during this unprecedented time. The support provided in something as seemingly insignificant as a phone call can make all the difference to a family living day to day or week to week while we all anxiously await this pandemic to end.

All of our services are at no cost to the family, meaning that all children who need early supports and services have access to receive this support no matter their financial situation. As a non-profit organization, we rely on private insurance and Medicaid billing for funding. Eliminating telehealth parity in NH at a time when the vast majority of our services are delivered via telehealth due to the coronavirus pandemic would be incredibly detrimental to our organization and directly impact the hundreds of children and families currently receiving our services. We are all doing our best to ensure that no child is left behind, that no child slips through the cracks. I fear the likelihood of that happening will increase should the HB 602 bill pass.

For the sake of our non-profit organization and the many children and families in the Monadnock Region we serve, I urge you to oppose HB 602 so that we can continue to provide support to NH families at a time when it is needed most.

Respectfully,

Annalise Lawrence, PT, DPT
Rise for baby and family
147 Washington Street
Keene, NH 03431

Archived: Wednesday, March 17, 2021 12:49:54 PM
From: Heather Sykes
Sent: Monday, February 1, 2021 6:49:24 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Letter in Opposition to HB 602
Importance: Normal

To Whom It May Concern,

I am writing in strong opposition of the HB 602 legislation.

I am a speech-language pathologist at Rise for baby and family. We provide Family Centered Early Supports and Services to children birth to age three years with developmental delays and disabilities and their families. Rise provides services to hundreds of families in the Monadnock Region per year, supporting infant and toddler development, equipping parents to more expertly care for their children, and helping families to access local resources. We believe in a family-centered model that sees the family unit as a whole and acknowledges that supporting all members of the family will provide longer-lasting benefits to the child. In the midst of a global pandemic, we are finding that our families are struggling and needing our support more than ever.

While services have always been provided in the home or childcare setting, the early supports and services that Rise provides have transitioned to telehealth services via video or phone due to the coronavirus pandemic. Given that each provider sees as many as 5-7 children and families per day, it would neither be feasible nor safe to go into homes or childcare settings while coronavirus cases continue to rise. While telehealth services have been a more challenging means of service delivery for both us as providers and our families, it has become a successful means of more intentionally equipping parents to support their toddlers and has proven to be a helpful resource to families during this incredibly stressful time.

Like many in the State, the families with whom we work are dealing with an unfair amount of stressors right now and it is taking its toll. We are seeing firsthand the social-emotional effects of needing to social distance and quarantine, support school-aged children during remote learning, balance ever-changing work schedules, and manage finances while one or both parents are out of work because of the pandemic. While the majority of our current services are via video conference, we have several families who request services be provided through a weekly phone call to discuss strategies and problem-solve solutions to that week's dilemma because that is all that they can handle while dealing with everything else in their lives. The support provided in something as seemingly insignificant as a phone call can make all the difference to a family living day to day or week to week while we all anxiously await this pandemic to end.

All of our services are at no cost to the family, meaning that all children who need early supports and services have access to receive this support. As a non-profit organization, we rely on private insurance and Medicaid billing for funding. Eliminating telehealth parity in NH at a time when the vast majority of our services are delivered via telehealth due to the coronavirus pandemic would be incredibly detrimental to our organization and directly impact the hundreds of children and families currently receiving our services.

For the sake of our non-profit organization and the many children and families in the Monadnock Region we serve, I urge you to oppose HB 602 so that we can continue to provide support to NH families at a time when it is needed most.

Respectfully,
Heather Sykes, MS, CCC-SLP

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: Alice Schori
Sent: Monday, February 1, 2021 6:51:57 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Dear Members of the Health, Human Services and Elderly Affairs Committee,

As someone who has been involved as a volunteer with the Mascoma Community Health Center in Canaan since its planning stages, I know how critical affordable, accessible health care is to the members of our community. Telehealth has been a godsend during the pandemic, but its value is clear at any time, not just during a crisis. Not only is it important to patients, but adequate funding for it is essential for small health centers struggling to stay afloat. Many of our patients do not have access to the equipment and w-ifi connections that make video visits possible, but they can still benefit from a phone conversation with their primary caregiver. Please don't discriminate against them by cutting reimbursement for these visits.

Alice Schori
402 Choate Road
Canaan, NH 03741
603-632-7375

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: Terry Sykes
Sent: Monday, February 1, 2021 7:18:30 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to HB 602
Importance: Normal

February 1, 2021

To Whom It May Concern,

I am writing in strong opposition of the HB 602 legislation.

I am a physical therapist assistant at Rise for baby and family in Keene, NH. Rise provides Family Centered Early Supports and Services (FCESS) to children birth to age three years with developmental delays and disabilities and their families. Rise provides services to hundreds of families in the Monadnock Region per year, supporting infant and toddler development, equipping parents to more expertly care for their children, and helping families to access local resources. . We believe in a family-centered model that sees the family unit as a whole and acknowledges that supporting all members of the family will provide longer-lasting benefits to the child. I have worked for Rise for the past 38 years and have seen the important and invaluable impact our services have on the babies, toddlers and families we work with. In the midst of this global pandemic, we are finding that our families are struggling and needing our support more than ever.

While services have always been provided in the home or childcare setting, the early supports and services that Rise provides have transitioned to telehealth services via video or phone due to the coronavirus pandemic. Given that each provider sees as many as 5-7 children and families per day, it would neither be feasible nor safe to go into homes or childcare settings while coronavirus cases continue to rise. While telehealth services have been a more challenging means of service delivery for both us as providers and our families, it has become a successful means of more intentionally equipping parents to support their toddlers and has proven to be a helpful resource to families during this incredibly stressful time.

Like many in the State, the families with whom we work are dealing with an unfair amount of stressors right now and it is taking its toll. We are seeing firsthand the social-emotional effects of needing to social distance and quarantine, support school-aged children during remote learning, balance ever-changing work schedules, and manage finances while one or both parents are out of work because of the pandemic. While the majority of our current services are via video conference, we have several families who request services be provided through a weekly phone call to discuss strategies and problem-solve solutions to that week's dilemma because that is all that they can handle while dealing with everything else in their lives. The support provided in something as seemingly insignificant as a phone call can make all the difference to a family living day to day or week to week while we all anxiously await this pandemic to end.

All of our services are at no cost to the family, meaning that all children who need early supports and services have access to receive this support. As a non-profit organization, we rely on private insurance and Medicaid billing for funding. Eliminating telehealth parity in NH at a time when the vast majority of our services are delivered via telehealth due to the coronavirus pandemic would be incredibly detrimental to our organization and directly impact the hundreds of children and families currently receiving our services.

For the sake of our non-profit organization and the many children and families in the Monadnock Region we serve, I urge you to oppose HB 602 so that we can continue to provide support to NH families at a time when it is needed most.

Respectfully,

Terry Sykes, PTA
315 Washington Street
Keene, NH 03431

Sent from my iPad

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: Lauren La Course
Sent: Monday, February 1, 2021 7:31:19 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

To Whom It May Concern,

I am writing in strong opposition of the HB 602 legislation.

I am a physical therapist at Rise for baby and family. We provide early supports and services to children birth to age three years with developmental delays and disabilities and their families. Rise provides services to hundreds of families in the Monadnock Region per year, supporting infant and toddler development, equipping parents to more expertly care for their children, and helping families to access local resources. We believe in a family-centered model that sees the family unit as a whole and acknowledges that supporting all members of the family will provide longer-lasting benefits to the child. In the midst of a global pandemic, we are finding that our families are struggling and needing our support more than ever.

While services have always been provided in the home or childcare setting, the early supports and services that Rise provides have transitioned to telehealth services via video or phone due to the coronavirus pandemic. Given that each provider sees as many as 5-7 children and families per day, it would neither be feasible nor safe to go into homes or childcare settings while coronavirus cases continue to rise. This is not just taking into account provider safety, but also the safety of the children we serve. Many have medical conditions that place them at higher risk, in addition to servicing young infants who do not yet have the ability to produce antibodies on their own. One might think that we could simply stop offering telehealth and return to our children's homes and childcares; however, I can think of only a small number of families who would be comfortable with the added risk at this time. Additionally, restrictions in childcares around visitors, would also prohibit us from seeing children in full time care.

While there have been challenges to overcome both for us as providers and our families in delivering services remotely, it has become a successful means of more intentionally equipping parents to support their toddlers and has proven to be a helpful resource to families during this incredibly stressful time.
Best practice in early supports and services is to utilize a parent coaching model, empowering and equipping parents to be hands on, making the routine and activity based changes that we know provides the best outcomes for children this age. Use of the parent coaching model is not new nor has it developed out of necessity due to the pandemic. It is long rooted in evidence based research. What is new, is the knowledge of how well suited parent coaching is to telehealth. It has pushed parents who otherwise may have been less engaged, to be the hands on provider, as we support them in the therapeutic interactions they are having with their children. I have seen parents who were previously more reserved, grow and gain confidence in their abilities now that they did not have the mindset that only I as the medical professional was capable of performing these activities with their child. This has led to better carryover and outcomes in these families.

I find that one of the many misconceptions regarding the provision of telehealth services is that they require less effort and time on the part of the provider. On average, this has not been the case in my experience. I often spend more time on preparation and follow up with families remotely, both in terms of the treatment strategies, as well as administrative follow up. I would also argue that it requires a greater degree of clinical reasoning and problem solving to provide services in this manner. Furthermore, with the stresses of the pandemic, our families are requiring increased support and contacts with us in general. Families I may have worked with once a week in the past, are calling on me, whether by phone or e-mail, multiple times a week for supports and problem solving, most of which we are not reimbursed at an additional rate for.

This leads me to also urge you to reconsider the proposed changes regarding no longer reimbursing for audio only telehealth services. Like many in the State, the families with whom we work are dealing with an unprecedented amount of stressors right now and it is taking its toll. We are seeing firsthand the social-emotional effects of needing to social distance and quarantine, support school-aged children during remote

learning, balance ever-changing work schedules, and manage finances while one or both parents are out of work because of the pandemic. While the majority of our current services are via video conference, we have several families who request services be provided through a weekly phone call to discuss strategies and problem-solve solutions to that week's dilemma because that is all that they can handle while dealing with everything else in their lives. The support provided in something as seemingly insignificant as a phone call can make all the difference to a family living day to day or week to week while we all anxiously await this pandemic to end.

In addition to these families, I am now often on the phone with parents between sessions, as I previously mentioned, whereas pre-pandemic this was rarely the case. These are not often short or superficial calls, they are often in depth lengthy problem solving sessions to assist families in supporting their children. In fact, I do not currently ever bill for quick, more superficial calls. In my personal experience, many of these between visit sessions focus around the social emotional needs listed above. Being in a more rural part of the state also poses additional difficulties around video visiting, as we service families that do not have access to high quality internet, but also do not want select in person visiting due to safety concerns around the pandemic. In each of these situations, we are still spending significant amounts of time, and using our specialized clinical knowledge to support these children and families.

Many people do not realize that all of our services are at no cost to the family, meaning that all children who need early supports and services have access to receive this support. While some might suggest charging families a fee to help offset costs, this would impact access for many of our families, many of whom have added financial stressors as a result of the pandemic. We rely heavily on private insurance and Medicaid billing for funding. Eliminating telehealth parity in NH at a time when the vast majority of our services are delivered via telehealth due to the coronavirus pandemic would be incredibly detrimental to our organization and directly impact the hundreds of children and families currently receiving our services. As a non-profit organization, we routinely strive for a net zero budget each fiscal year, trying to put every penny we have back into the community that we serve. This makes it that much more challenging to navigate the large decline in revenue we would surely see if these changes are made.

For the sake of our non-profit organization and the many children and families in the Monadnock Region we serve, I urge you to oppose HB 602 so that we can continue to provide support to NH families at a time when it is needed most.

Sincerely,

Lauren Niewiadomski, PT, DPT

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: Melissa Wallace
Sent: Monday, February 1, 2021 11:02:00 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Date: February 1, 2021
To: House Health & Human Services and Elderly Affairs Committee
Re: HB 602

I am writing in opposition of House Bill 602, an act relative to telemedicine. As a psychologist who has witnessed the clinical benefits to clients receiving telemedicine services, particularly in the middle of a pandemic, it is critical to our citizens to maintain access to continued care. Additionally, it is necessary for providers delivering these services to be compensated at the same rate as in-office services, especially during a time when meeting in-person unnecessarily increases risk of exposure to illness for both providers and our clients. It is likely that this need will continue to some extent, far after this pandemic is over.

Be clear that the legislation being proposed intends to accomplish two things:

- Rescind audio-only telemedicine services.
- Rescind parity of payment for care, i.e. services would no longer be covered and reimbursed at the same rate whether delivered in office or through telemedicine.

Primarily, I urge you to oppose this legislation in support of our most vulnerable citizens. Many of our residents are limited by their abilities, health, or economic conditions which then further limit their access to required services to which they are entitled. Often, these folks do not have access to an internet connection or to a technological device that can provide them with a secure connection to engage in health services via synchronous video. Additionally, during this ongoing pandemic, medical monitoring and health treatment have been difficult to access in-person, particualrly for those who are experiencing (or have been exposed to) any COVID-19 related symptoms. To protect the welfare of all of our citizens of our great state of New Hampshire, and maintain sufficient access to ongoing healthcare, it is imperative to maintain the option to engage services by videoconference AND audio-only telephone.

Secondarily, I urge you to consider the negative financial impact this bill would have on health care workers. This legislation would be a detriment to our health providers who are committed to delivering effective and efficient services via telemedicine to all citizens. As a psychologist living and practicing (for the last 12 years) in New Hampshire, I am well aware of the persistent high demand of need for mental health services and yet the stable (and sometimes declining) reimbursement rates for our services. As an owner of a mid-size psychological practice, I have been witness to a 15-20% decrease in reimbursed services delivered over the last 10 months, secondary to various changes in our client's lives that were initiated by the pandemic (i.e., loss of insurance, loss of income, lack of access to privacy, lack of access to technology, etc.). Additionally, prior to HB 1623 being signed into law last July, insurance companies were reimbursing telemedicine services at a 20% reduced rate from in-person services.

These reductions in income will impact the economic (and health) well-being of our mental health providers; they will impose a financial strain for those who are already bearing the emotional and mental burdens of our citizens. Additionally, it has impacted our health care businesses, which, despite having suffered a reduction in income, we have shouldered the cost of our personnel, invested in technology in order to provide virtual care, and have continued to pay the rent for our vacated office spaces for nearly a year. We have done this in order to provide a continuum of care for our clients as well as some sense of stability to our community, our employees, and (hopefully contributing to) our state's economic stability at a time when we desperately need it. This bill will surely interfere with our continue ability to do so.

Help us help the citizens we all serve. Your opposition to this bill will support the ongoing efforts to address the needs of the mental health crisis in the state of New Hampshire, and protect the well-being of all our beloved citizens and honorable health care workers.

Respectfully,

Melissa M. Wallace, Psy.D.
Licensed Psychologist, #1165
Member, NHPA

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: Susan Robar
Sent: Tuesday, February 2, 2021 1:03:31 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602 -- Please take a small amount of time to read this carefully.
Importance: Normal

I must strongly oppose the revisions to telehealth phone-only visits up for debate in HB 602.

Layers of grief are heavier when we are all apart. Many elderly live alone now. Many do not have computer skills and may not have transportation.

If you take phone-only telehealth away, we could be taking their only means of healthcare away from them. While some may not feel it is an adequate platform, it may be the only source for not only elderly, but low income and disabled persons who are on Medicaid or Medicare.

And cutting the payment to ANY healthcare worker is counterintuitive and demoralizing to in industry that is already suffering. Can you imagine grief counseling all day long, going home to cry yourself, and then not get paid for it? We may not be in the dire straights that NYC is in, but every health care worker at any level is being punched in the gut.

We are only a year into this. Longer term covid complications are unknown, though lung and cardiac conditions have already presented. If we cut telehealth, we are cutting out general health statistics as well as contact tracing history.

There is no reason for that.

- Susan Robar

Lee, NH
603.568.2248

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: Hridaya Sivalingam
Sent: Tuesday, February 2, 2021 1:29:28 AM
To: ~House Health Human Services and Elderly Affairs
Cc: lex@berezhny.com; Ned Gordon; Josh Adjutant
Subject: Opposing House Bill 602-FN
Importance: Normal

Dear Honorable Legislators,
Please accept the following as written testimony **in opposition to HB 602-FN.**

I am a Licensed Clinical Mental Health Counselor living in Ashland, NH. I am writing to strongly oppose changes in the definition of tele-medicine and in related compensation limits. The reasons I oppose these revisions are as follows:

- By virtue of this bill, you as legislators are using undo authority to attempt to govern practice which is out of your scope of professional training and which may result in client abandonment and is in clear conflict with sections of our Code of Ethics (client abandonment, client autonomy, issues of informed consent)
- We are navigating unprecedented demand for mental health services and under strong restrictions that have prevented much of the face to face work that we value and see as critical to supporting the mental health of our NH residents
- Many of our clients live in rural areas where internet services are limited, or irregular
- Many of our elderly clients have more familiarity and comfort with utilizing a phone line for services
- Many of our clients lack devices to access services via the internet or have other demands on their devices (e.g., remote schooling for their children)
- Clients in crisis frequently utilize audio-only sources of support
- Counselors providing services by phone are using the full breadth of their clinical skills when working to support clients by phone and should be compensated accordingly
- Some clients have privacy or mental health concerns that may prevent them from wanting to engage with video-based online therapy
- Current executive orders have created unprecedented isolation and increasing need for support. To choose this time **to attempt in any way limit the potential for someone to access services or to limit compensation to those providing needed services is abhorrent.**

In conclusion, we as the licensed professionals, not you as our legislators, nor the insurance companies should be governing what is best for our clients.

Most sincerely,
Hridaya L. Sivalingam, PhD, NCC, LCMHC

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: krnmowells@gmail.com
Sent: Tuesday, February 2, 2021 6:01:47 AM
To: ~House Health Human Services and Elderly Affairs
Subject: 602
Importance: Normal

I am a nurse who works with home care patients. I have seen so many homebound patients benefit from tele-health services in this past year. Many of these people are without transportation, who live in rural areas with little social support. Because of greater access to healthcare via tele-health, providers have been able to give timely treatment recommendations to patients and caregivers. Tele-health visits can also serve to alleviate fears, saving patients unnecessary and costly trips to emergency rooms. I am also a mother whose struggling teenager has needed counseling services and tele- health has been a life-line to my family. Remember what our teachers had us all memorize when it was time to study the Industrial Revolution? Necessity is the Mother of Invention. This pandemic has forced all of us to adapt creatively to countless challenges. Please help to retain and develop the sensible healthcare practices that have benefitted so many during this past year. Disincentivizing the use of tele-health services through inadequate reimbursement will hurt our most vulnerable citizens, and further widen our disparities in health care. Thank you for your time. -NH nurse, mother, taxpayer and voter.

Sent from my iPhone

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: JJ Smith
Sent: Tuesday, February 2, 2021 7:41:51 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Honorable Representatives,

I find myself wondering what is the purpose of this bill's redefinition and limitations on telemedicine under Medicaid. First, let me be clear that this does not affect me at all since I am retired from primary care medical practice. But my years of experience taking care of people who were covered under Medicaid made it abundantly clear that the income provided by Medicaid payments could not sustain the overhead of any practice that did not have other revenue streams. The bill lists no rationale for the changes it proposes. To arbitrarily change this now in the middle of a pandemic that limits safe in-person provision of these services simply tells providers that they should get out of availability to help the low income (and often disasabled) part of our population that is covered by Medicaid.

I urge you to find this bill Inexpedient to Legislate.

Sincerely,

Jennifer Smith, MD
Pembroke, NH

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: Amanda Toll
Sent: Tuesday, February 2, 2021 8:14:21 AM
To: Jay Kahn
Cc: Courtney Tanner; Kathryn F. Willbarger; ~House Health Human Services and Elderly Affairs; William M. Marsh; John Bordenet; Dru Fox; Donovan Fenton; sparky.vonplinsky@gmail.com; Lawrence Welkowitz
Subject: Re: HB 602 - Telehealth Services
Importance: Normal

Thank you, Kathy and Courtney, for your advocacy. I agree with you full heartedly and oppose HB602; I will submit written testimony against the bill. Telehealth services are essential, especially during a pandemic, and this is an issue of healthcare equity.

Respectfully,

Amanda Elizabeth Toll

NH State Representative

On Mon, Feb 1, 2021 at 10:34 PM Jay Kahn <Jay.Kahn@leg.state.nh.us> wrote:

> Thank you Courtney and Kathy. I will provide testimony as well. Probably not written. Too much happening.
>
> Jay
>
> Jay Kahn
> State Senator
> Senate-District 10
> Keene, NH
> 603-381-2930 (c)
>
> On Feb 1, 2021, at 9:40 PM, Courtney Tanner <Courtney.Tanner@hitchcock.org> wrote:
>
> Good evening,
>
> In advance of tomorrow's hearing regarding HB 602, relative to telehealth services, Kathyrn Willbarger, COO, Cheshire Medical Center, would like to provide written testimony in **opposition to HB 602**. Please find Ms. Willbarger's testimony attached.
>
> Ms. Willbarger will also provide brief oral testimony during tomorrow's hearing.
>
> We thank you for your attention to this matter,

Courtney Tanner
Director, Government Relations
Courtney.Tanner@hitchcock.org
dartmouth-hitchcock.org
phone: 603.653.1986 | mobile: 207.468.8789

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: Amanda Toll
Sent: Tuesday, February 2, 2021 8:18:52 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Written Testimony in Opposition to HB 602
Importance: Normal

Honorable House Health, Human Services, and Elderly Affairs Committee Members,

I full-heartedly oppose HB602. This bill removes parity in payments to providers of telemedicine and removes coverage for audio-only/phone services. Telehealth services are essential, especially during a pandemic, to keep providers and patients safe, are critical to patient access (especially for those living in rural regions), and help expand access to care for those most vulnerable. Cheshire Medical Center, which operates and serves many of my constituents has come out in opposition of this bill. Please trust our healthcare providers and oppose HB602.

Respectfully,

Amanda Elizabeth Toll

NH State Representative

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: haberski
Sent: Tuesday, February 2, 2021 8:55:13 AM
To: ~House Health Human Services and Elderly Affairs
Subject: FW: Testimony for HB 602
Importance: Normal

Sent from my Verizon, Samsung Galaxy smartphone

I have been a MH practitioner for over 15 years at this point. For the majority of my career I have been providing face to face as well as virtual and telephonic care to clients in crisis and for ongoing care. I work for an agency that has supported the virtual and telephonic platforms for well over a decade (close to 2!). This has made care accessible to many who would not otherwise be able to access care. These platforms have reduced costly hospitalizations and rehabilitation programs for many. Research has shown they are just as effective as face to face care and much more effective than no care at all. I have treated many suicidal patients in an emergency setting by phone and virtual platforms. This has expedited treatment in these situations. I have also treated patients with significant medical issues (primarily spinal cord injuries) from their home. These are patients that it takes two or more hours to prepare to travel and traveling is painful and taxing. I have been able to treat PTSD, Depression, Anxiety, ect in their most comfortable environment. Many private practitioners in NH are renting space in old buildings that are not H/C accessible. Meaning my patients are unable to access care if we are not able to provide it virtually.

I also want to share my brief personal story attempting to access treatment for my teenage daughter during the pandemic. Just before the onset of the pandemic, my teen daughter began struggling with Depression. I was able to arrange outpatient therapy in the community for her. Quickly, it became apparent we were going to need to explore medication to treat her symptoms. At that point, we were in the thick of transitioning to virtual care in the community. I called every prescriber within a 50 mile radius of where I live. No one was taking new adolescent patients virtually (I attempted to provide education to these practitioners, but many were still just getting used to these platforms). The community mental health center had a 3 month wait to be seen and then there would be a wait following that to see a prescriber. Luckily, we used Dartmouth Hitchcock for her general care and we were able to have her seen by DH Psychiatry for a consult. Her care through them has been virtual and absolutely top notch. I cannot say enough about the excellent care she has received through them. This was our only option and I know would not be an option for many in the community. In spite of adding the antidepressant medication to her treatment, the isolation of the pandemic was still weighing heavily on her. She was feeling alone. I searched for a group. No luck in our own community. Even virtually, no one was running teen groups. I was able to find one an hour from our home that a private practitioner was running virtually. She has been attending this group for the past four months and would not have been able to engage it in if it had not been provided virtually. The two most impactful interventions for her have been the medication and the group therapy. She feels connected and no longer believes she is the only teen struggling this way.

Please do not let misinformation or discomfort sway your decision to continue allowing our citizens to access care telephonically or virtually. If we do not reimburse these services at that same rate we have been, providers will be forced to discontinue them. You would also been communicating that anyone receiving these services is receiving a service that is less than. It is not.

Loren H Gebo, LICSW

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: Sarah Breisch
Sent: Tuesday, February 2, 2021 9:15:24 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

To whom it may concern,
I am writing in both a professional and personal voice to express my objection to parts of HB 602. Its language proposes to prohibit Medicaid recipients from being able to access audio-only telehealth. This past year has seen health care providers of all kinds rising to meet the challenges of the current health crisis. Part of that response has been offering telehealth visits. Let me tell you how that option has impacted my own life. I work for a Family Resource Center, and the backbone of our work are the home visits we conduct with clients. Or programs are evidence-based and we are classed as a Family Resource Center of Quality. Being able to offer telehealth visits to our clients enables us to keep in touch with them safely, and offer the vital preventantive and educational programming they enrolled for. Many of our clients do not have good internet, or might be unable to manage a video call. This is certainly the case for rural communities. I myself am a Medicaid recipient. Having access to telehealth services has enabled me to attend to my own mental health needs through counselling sessions. My counsellor of choice has stated that they are only offering telehealth currently because of the rise in COVID cases in our area. Have a busy work and home life, I never felt that I was able to attend to my own health this way, but being able to speak to my counsellor without having to travel has made it possible.

Sarah

Sarah
Sarah Breisch
Parent Educator
TLC Family Resource Center
PO Box 1098
109 Pleasant St.
Claremont, NH 03743
(603)542-1848 ext. 310
www.tlcfamilyrc.org

Due to the COVID 19 outbreak, the offices of TLC Family Resource Center and The Center for Recovery Resources are closed to the public. You can connect with our staff via email, telephone, or texting. Contact information is on our website including work cell phone numbers. I am working from my home and can be reached on my cell phone at 603-558-5566. Hope you are safe and healthy.

"Our mission is to promote the optimal health and development of New Hampshire children and families."

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: William T Gealy
Sent: Tuesday, February 2, 2021 9:19:24 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

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re: New Hampshire House Bill 602

We have become aware that there could be problems with our tele-health audio medical calls. We have read HB 602. The words *"Telemedicine" shall not include the use of audio-only telephone or facsimile* appears 18 times on the Bill!

I am profoundly struck as to how short sighted any call for this could possibly be. Any action to curb audio tele-health lacks inclusiveness. Never assume we all have the ability to plug and play! What makes anyone think that we all have the teck savvy to follow through with any online stuff? Who assumes that we all have the money to hire Best Buy to hook it up? In towns where the taxpayer funded fiber build is taking place, are we to assume the offering price of such services will continue to stay low enough for fixed income folks? Home fiber service will not work if the power is out! The telephone plant in our town was built back when we went from switchboard to dial service in1962. Great reliaility, but lacked in internet capability. For many in New Hampshire that is the ONLY choice! When the cable TV franchises were handed out they did not require them to cover the whole town. We do not have CATV running in front of our home! Hate to break the news but Cell service still has dead spots! We are all not privy to competition!

My wife and I are well past retirement age. Even in non Covid times who takes it for granted that we have money for fuel, much more a road worthy vehicle to drive to these appointments?

Our State Representatives should work for their constituiency and NOT the insurance companies and communications companies.

Bill Gealy
Danbury

Archived: Wednesday, March 17, 2021 12:49:53 PM
From: James Marston, AMH
Sent: Tuesday, February 2, 2021 9:40:10 AM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill 602
Importance: Normal

I signed up to testify, but I'm afraid I can't find the zoom link.

This bill unnecessarily limits the ability of mental health providers to provide services to clients, especially vulnerable populations, and ignores the cost to therapists for providing effective telehealth services.

Research shows that telemental health is effective in most regards. Decisions to use, or not use, telemental health should rest with the clinician and the client in question. In cases where telemental health is indicated, disallowing it creates an additional barrier to treatment for clients. This barrier is even more limiting in the cases of clients with mobility challenges, transportation challenges, or those who have health concerns that are impacted by requiring in-office care.

Reducing the rate of reimbursement for telemental health services dis-incentivises the use of this treatment mode, putting pressure on practices to encourage in-office visits when telemental health could be just as effective. Arguing that telemental health is inherently less costly to practices and therapists ignores several important factors: the requirements for increased technological infrastructure, the need for more advanced training, increased efforts to maintain communication security to protect confidentiality, and the increased emotional challenge for providers when engaging remotely.

Telemental health is hard. As a provider myself, I can assure you that it can be exhausting to effectively engage and support clients remotely. The treatment is just as effective, but more costly for the therapist in terms of mental energy and increased risk of burnout. I engage with telehealth to ensure that my clients have treatment, that the treatment is effective, and that it is accessible to my clients. I put that effort in gladly, knowing that they will benefit and that my time and effort, no matter how exhausting, will be rewarded. It would be grossly unfair to discount this additional labor by reducing the reimbursement rate for the service.

Restricting the ability to use audio-only telephone reduces our ability to engage and support clients in situations where technology is failing us or is unavailable. Audio-only would not be my first choice to support a client, but in cases where internet connections fail, or computers malfunction, or lack of familiarity with technology leads to frustration, we are faced with a choice to either terminate those sessions or engage with different technology. The less privileged our clients, the more likely we are to see such failures: outdated computers, inconsistent or unavailable internet, an inability to replace lost or damaged devices, or lack of familiarity or comfort with telecommunication technology. In these cases, having the option to continue treatment voice-only allows us to ensure our clients continue to have the care they need.

This bill only acts to limit the ability for therapists to engage in the important work of supporting our clients. It restricts access to effective services rather than expanding it, and devalues the dedicated efforts of our mental health workers.

James C. Marston, LCMHC
(He/Him)

Alliance Mental Health and Youth Consultation Services

603-343-2166

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: dianebolducmedlcmhc@gmail.com
Sent: Tuesday, February 2, 2021 9:56:19 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602 testimony
Importance: Normal

Sent from Mail for Windows 10

February 1, 2021

My name is Diane Bolduc, M.Ed., LCMHC. I am submitting this testimony in opposition to HB 602-FN. I am a patient of medical care as well as the wife of a consumer of medical care. Additionally, I work for The Moore Center, the Area Agency for Developmental Disabilities in Region 7 as the Regional Director for Family Centered Early Supports and Services (early intervention, ages birth to three). My testimony is based on my experiences from all of those roles.

In FY 2020, The Moore Center served over 830 children with developmental disabilities and developmental delays. Those services are provided (by regulation) at no cost to parents. Every dollar spent on early intervention services, has been demonstrated to save $7 over the life of the child. These savings include savings to the public schools as well as to the insurance system (Medicaid as well as private insurance). Reducing reimbursement for essential services provided effectively via telehealth will put an already underfunded system at jeopardy of collapse.

During the current pandemic, telehealth has been essential for continuing to provide early intervention services in a way that is safe for the children, their families, the staff, and their families. Telehealth is highly effective in doing our work because we use a parent-coaching model. Many of the children that we serve are medically fragile. Because of their age, the children we serve cannot be vaccinated from Covid-19. Vaccination of staff will protect them from the most severe of symptoms. It will not 100% prevent them from contracting Covid-19. Most importantly, it will not protect from our staff being carriers, picking up the virus in one environment and then bringing it to these young and vulnerable members of our community. In non-pandemic times, telehealth allows consultation by a necessary range of specialists who are not available in close proximity as well as allowing services to families during transitory but contagious health concerns (such as lice, flu, or bed bugs).

Medical providers costs have not decreased due to either the need for, or the use of, telehealth. Telehealth allows patients to receive assessment and treatment from providers without putting either at risk. When insurance companies reduce their payments for those services, while those companies will reduce their costs, the difference will be passed on to the patients. While it is never a good time to add these expenses to individuals, the current financial environment is absolutely not the time to do so. Making care more expensive is likely to increase the reluctance of patients to seek necessary care.

Full payment for services provided via telehealth is essential for doing three things. The first – and most important – is maximizing options for patients and providers to choose a visit methodology that is safest and most appropriate for them. The second is to maintain patients' access to services when contagion, distance, lack of transportation, physical limitations or other reasons would keep them from obtaining

in-person care. The third is to maintain the financial viability of individuals receiving medical care and of the providers of that care – including the very essential and cost-effective care that is the responsibility of the State of NH, and that is provided through the Family Centered Early Supports and Services programs throughout the state.

It is for these reasons that I strongly encourage the legislators to vote in opposition to HB 602. Thank you for your time and consideration.

Diane Bolduc, M.Ed., LCMHC

Diane.Bolduc@MooreCenter.org

603-206-2782

195 McGregor Street, Unit 4 Manchester, NH 03102

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Polina Sayess
Sent: Tuesday, February 2, 2021 10:08:02 AM
To: ~House Health Human Services and Elderly Affairs
Cc: Michael Padmore
Subject: Testimony on HB 602
Importance: Normal

Dear members of the legislature,

My name is Polina Sayess, I am a family medicine physician working at the Dartmouth Hitchcock Medical Center in Lebanon, NH. I provide Primary Care to the patients in the Upper Valley, some of our patients live in rural New Hampshire and some in rural Vermont.

I would like to oppose HB 602.

I am deeply concerned about this bill because it would limit the access to care, especially for our vulnerable patients. As you are probably aware, some people may not have transportation to be able to get to the doctor's office in person. Some patients may not feel well enough to drive to be seen in person or they may live too far away from the office, especially in rural NH or VT. It is not uncommon for our patients to live 1 hour away from the office. For those patients care delivered via a phone or video visit is critically important.

Unfortunately, some people may not have the technology necessary for conducting a video visit, for example, a smart phone or a computer. Even if technology is available, some patients, especially in rural NH or VT do not have a reliable high speed internet that's needed for a video visit. In other cases the patients may not be comfortable using the technology, especially elderly patients, disabled or those with developmental delay. Thus, phone visits are essential to provide medical care.

Technical problems are even more challenging when a visit needs to involve 3 participants instead of two. For example, when a medical provider needs to discuss anxiety or depression with a 16 year old patient who is at home and a parent is at work and must be present for the visit since the patient is under 18 years old. I also conducted multiple visits when an adult patient was in one location and they needed a support person, for example, a family member, who is medically savvy, or a case manager or a social worker, who was in a different location. If any technical issues arise during a 3 way video visit, then we need to convert to a phone visit. If that's not possible, that would greatly limit the access to care.

Respectfully,

Polina Sayess, MD, FAAFP

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Carol Hart
Sent: Tuesday, February 2, 2021 10:10:42 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

To Who It May Concern:
I am writing to express my strong opposition HB 602. Telephonic psychotherapy sessions and “check ins” are essential for clients who do not have access to internet or have unreliable internet connection. For elder or disabled clients, passing this bill would be dangerous, further isolating them during this pandemic. Even without the pandemic, clients who live in rural areas tend to already be more isolated.

Working with clients by phone is even more challenging than in person, as body language and facial expressions, which convey immense amounts of information, are not observable. Compensation for telephone communication should be at least the same per unit of time as in person therapy sessions! These are just two of the many reasons to oppose this deleterious bill.
Thank you,
Carol Hart, LICSW

Sent from my iPhone

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Susan Paschell
Sent: Tuesday, February 2, 2021 10:17:01 AM
To: Christina Dyer; Lindsay Forcier
Cc: Jim Monahan; kstoddard@bistatepca.org; Jay Couture (jcouture@smhc-nh.org); Bill Rider
Subject: HB 602
Importance: High

Do you have amendment #2021-0195h that Rep. Edwards has proposed?
Thank you!

Susan Paschell, Senior Associate
The Dupont Group
29 School Street, Suite 200
Concord NH 03301
603-228-3322 ext. 107

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Bob Blaisdell
Sent: Tuesday, February 2, 2021 10:23:58 AM
To: Lindsay Forcier
Cc: Blaisdell Associates LLC
Subject: HB 602
Importance: Normal

Good morning Lindsay.

How would I go about obtaining the materials submitted for the hearing this morning on HB 602 (amendments / testimony)?

Thank you for your time.

Bob Blaisdell
603-932-3335

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Carolyn D'Aquila
Sent: Tuesday, February 2, 2021 10:42:19 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Good morning,

I am a licensed clinical social worker who works for Little Rivers Health Care, whose three clinic sites sit in the state of Vermont, but serve many New Hampshire residents. I provide individual counseling services, and am licensed in the state of Vermont. My license application is currently under review by the NH Board of Mental Health Practice. Prior to my coming to work at LRHC, I worked as a social worker in New York City for 11 years. I am now a resident of Lebanon, NH.

I didn't know about the hearing until this morning, after the time had passed. Otherwise I would have been happy to testify. I do think that it is unwise to pass HB 602 as it is written. It disproportionately affects the rural poor, particularly during the pandemic. Most of my practice is currently delivered over the phone or video visit, and in nearly all cases I have to talk to my clients on the phone because they either can't afford internet service, or the internet service they have is too slow to support the secure internet connections required by health privacy regulations.

Many of my clients also lack reliable transportation to come to the clinic, and they are rightfully concerned about COVID transmission risk because they face multiple comorbid conditions that heighten their COVID mortality risk. Their family and friend networks are slim or overstretched, and often too distant to help bring people to appointments. Those who are of working age are now impacted by reduced work hours or other pandemic-related factors, and quite honestly I wouldn't tell them with a straight face to pay for internet instead of phone, or gas to go to work.

Please reconsider the wisdom of this bill, particularly now. For parts of the state with better high-speed internet infrastructure it may make sense, but up in Grafton County, such service is out of reach for reasons outside the clients' control.

Thank you,

Carolyn D'Aquila, LICSW
Lebanon, NH

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Monika Ostroff
Sent: Tuesday, February 2, 2021 11:35:40 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Testimony HB 602 from a Provider
Importance: Normal

To The Health & Human Services and Elderly Affairs Committee

I was in queue to speak today, but unfortunately the meeting recessed before I had the opportunity. For your convenience I've bolded points:

My name is Monika Ostroff, I am an Exeter resident and **a Licensed Independent Clinical Social Worker, who has been licensed to practice in the state of NH for about 20 years.** I have spent my career leading inpatient, residential, partial hospital and intensive outpatient programs for eating disorders, substance abuse and mental health. Over the years I have seen hundreds of patients in a busy private practice. I am currently the Executive Director of the Multi-Service Eating Disorders Association. **I am a manager and a provider who understands the fiscal aspect as well as care delivery. I have a lot of experience delivering care to Granite State residents from all walks of life and I have a plethora of experience working with insurance companies. I am speaking in opposition to this amendment.**

Item One of HB 602 is relative to the Medicaid program and addresses the state's most vulnerable population. It is typically the population with the highest need and least amount of resources. section 1 (b), regarding coverage and reimbursement for telemedicine, seeks to strike the language that telemedicine would be provided "on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person" This bill seeks to do the exact same thing for commercial insurers in section III, by striking the exact same language- in essence it effects all insurance companies in our state. **T his language can be effectively interpreted to mean that all insurance companies in our state can pick and choose which services and how they cover and reimburse for those services when it comes to telemedicine. According to the new proposed language, insurers no longer "have" to provide telemedicine for any one thing**, **which is going to greatly reduce access to care for Granite Staters, especially those who live in small rural areas and particularly those up north.**

We have lacked resources and access for decades in this state. I have spent two decades witnessing heartbreaking situations where desperate citizens went without care because they couldn't get there in person to receive it. They lived too far away or didn't have a vehicle. It has been heartening this past year to see those folks finally get the life changing care they need and deserve-thanks to telemedicine. If this proposed language moves forward and companies no longer have to provide telemedicine services on the same basis as in person services, we go backwards. Those who do not have access to transportation will once again no longer be able to access care. Some of you may note that Medicaid does provide transportation services to appointments, However, while I was leading treatment centers in this state I also saw countless patients whose rides cancelled at the last minute or did not show up at all, causing them to their miss outpatient appointments and days in treatment, all of which was detrimental to the patient. It

doesn't function well. Furthermore, other insurances don't provide transportation, leaving those on commercial plans out of luck. If the proposed change in language is an effort to contain costs, it will fail miserably. Removing access to care will ultimately drive health care costs up, as many people will be forced to wait until their situation becomes so dire that they have no other choice but to seek care from the already overburdened emergency departments in our state's hospitals. Any of you who have ever been to an emergency room for any reason already know that the cost far exceeds that of any office visit.

The real blessing in disguise of this pandemic was the advent of true access to care for Granite Staters who have gone without care for far too long. Removing that is unethical with devastating consequences. It is a very bad idea.

Both Section 1(c) and section 5 seek to change the language from ensuring that compensation shall be "not less than" that which is allowed in person' to saying it shall be "no greater than" that which is allowed in person. **Let's be frank, we are not at risk for insurance companies suddenly wanting to reimburse any more than they have to for services. What this really does is effectively provide an opening for them to reimburse far less, which will result in fewer providers providing telemedicine services, which in turn further diminishes access to care for those living in New Hampshire. I am a provider who provides telehealth services. Prior to this legislation, some companies reimbursed at 70% of the contracted rate (which trust me, is not particularly high to begin with in mental health). First, it is critical that you understand that the work I do via telehealth is NOT in any way, shape, matter or form reduced or made easier by a telehealth platform. Whether I am sitting across from someone or sitting on a screen with someone, I need to do all the same assessments, draw on all the same advanced training, use the same 20 years of experience, and the same skill sets to treat that person. I have to do the same amount of documentation and I have to do all the same collateral work. If anything we do MORE work on the telehealth platform because we have to ask more questions to account for what we cannot observe in person. As an eating disorder provider that means in addition to all of that and in addition seeing the patient for an hour and documenting the interventions, modalities, mental status, treatment plans and goals, I also need to converse with a dietitian, PCP, and psychiatrist and document all of that. For some I also need to converse with a family therapist and document that. I already do far beyond the one hour of work I'm allowed to bill for. So, let's say for in person I'm paid $100 (please know that is above what many insurers pay for an hour). Now I get paid $70 for the same amount of work? That's akin to saying to each one of you, regardless of your profession, "You'll be paid 100% of your salary on Monday, Wednesdays and Fridays when you are working in the green room, but on Tuesdays and Thursdays you will be paid 70% because you are working from the blue room oh, and by the way, when you're in the blue room you need to work a little harder and more than you do in the green room." How many of you want to work in the blue room? Probably not many. According to 1(c) and section 5, we should all be paid less for doing the same or more than what we do in person. That is neither equitable nor ethical, and I am certain not one person in this virtual room would agree to it for themselves. We will lose providers and we already don't have enough.**

The need in this state is great. All of us in this field are overwhelmed by people desperately seeking care. We are full and we have waitlists. The need is unprecedented and frankly it always has been, the only difference is that now people have access. Don't

take it away from them by caving into insurance company pressure to value the dollar bill over people's lives.

Section 3 and 6 regarding the definition of Telemedicine for all insurers and all disciplines in medicine and mental health, seeks to strike "audio only" from the definition. This is an effort to save money while ensuring that only those with privilege have access to care. It is not just those with Medicaid who struggle financially and with access. **Many people in our state do not have a computer, tablet or car, but they do have a phone. If the service is reasonably, safely and effectively able to be provided over the phone, then ensure our residents have access to it. We do not need to go back to a society of the haves vs. the have nots.**

Look at your parents, your partners, your sisters, your brothers and children. They will be affected by this legislation. The access to care that you want for them, want that for everybody in this state and ensure that they get it.

Sincerely,
Monika Ostroff, LICSW, CEDS-S

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Harrison deBree
Sent: Tuesday, February 2, 2021 2:24:13 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602 Would Ban Telephone Calls With Your Doctor
Importance: Normal

Honorable Representatives of the Health, Human Services and Elderly Affairs Committee,

As introduced, HB602 does remove reimbursement for audio only telehealth calls, AKA a telephone call. **But it also bans those calls entirely.**

Currently RSA 415-J:3, XII states that medical providers are allowed provide telehealth services using all modes of communication: Audio-only and video and audio calls. However, section 7 of the bill strikes out the audio only language. Which means medical providers would only be allowed to perform telehealth services over video and audio. A telephone call is not allowed. In other words, banned.

If that were not enough, sections 10 through 25 list various licensed medical professions. Current law states that those licensed persons are permitted provide telemedicine services such as diagnosis, consultation, or treatment using audio or video communication. This bill states that audio-only communication, a telephone call, is no longer permitted.

Therefore, a medical provider such as a pharmacist is not allowed to provide consultation over the phone to any patient, even for free. So, if you have a question about a prescription drug you are taking, **the pharmacist would be banned from answering your question over the phone.**

I've been told there is an amendment for HB 602 that would remove the language than bans telephone calls between doctors and patients. While that is good, the bill should still be voted ITL.

Due to the pandemic all medical facilities are limiting in person patient visits to as few as possible in favor of telehealth visits. This revenue stream has kept all medical facilities afloat. Furthermore, a recent survey from the Centers for Medicare and Medicaid Services shows that 33% of all telehealth visits during the pandemic have been completed through audio-only telephone calls.

I work for a medical company that provides primary care, pain, and substance abuse services. While I am not speaking for my company, I have had several medical providers I work with tell me that a sizable number of patients are unable to use video because they either cannot figure out how to make a video call, have a phone that is too old to support the video call, or simply don't have access to a phone with a video camera.

Yes, telephone calls and even video calls are not ideal and not equal to an in person visit. But we now live in interesting times and the ideal must make way for the practical, and for "good enough."

Lastly, the amendment states that the bill waits 180 days after the telehealth executive order has been rescinded or expired for this bill to become law. I'd like to point out that there are multiple

bills/resolutions before the House that seek to end all the governor's executive orders and state of emergency immediately, which would mean this bill could become law before the pandemic is even close to being over and thus necessitating a return to 100% in person visits.

With the above in mind, please vote ITL on HB 602.

Sincerely,

Harrison deBree
Rochester, NH 03868

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Michael Phillips
Sent: Thursday, February 4, 2021 8:06:05 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Dear Committee Members of the House Health, Human Services and Elderly Affairs Committee,

I am writing in staunch opposition to the efforts of HB 602 to restrict reimbursement for telephonic, or audio-only telehealth services. I represent a private group practice of 17 mental health practitioners, Psychiatrists, Psychiatric Nurse Practitioners, Psychologists, Social Workers, Clinical Mental Health Counselors and Marital and Family Therapists. We expect to generate approximately 12,000 clinical visits this year serving the citizens of New Hampshire, and surrounding areas. Of these visits, I estimate that less than 300 of them will be Audio-only, or telephonic appointments. This is not a large component of our practice, and if these services are disallowed, it will not impact our bottom line, because in these times we often have over 100 people on a waiting list who are seeking treatment. I do not say this to brag, but to illustrate that my argument is not a financial one

What HB 602 will accomplish, is to further disenfranchise and isolate the most vulnerable members of our community by denying them an affordable and accessible means of getting help. Clinicians do not prefer telephone-based treatments to those that involve both audio and video, we seek more data to better serve our clients, not less. In all conversations I have had with clinicians who conduct teletherapy, I have found this to be the case. There are still many clients for whom this option is not an option.

The people who use these telephonic sessions are among the poorest (financially), least technologically sophisticated, most rural (with bad internet connectivity), and often elder, disabled, or with cognitive difficulties. In addition, there are a number of specific psychopathologies that make it intolerable, or at least very painful to see one's own image when engaging in therapy, and creates such a disruption, that clients will opt out of treatment rather than face it.

We are one of the few group private practices that continue to accept Medicare and Medicaid reimbursement. Most other private groups have abandoned these payors, because they reimburse at such a low rate, or have such complicated regulatory requirements. We do this because of a sense of responsibility to treat all that have need, rather than just those who pay well. HB 602 undermines this strongly held value by denying access to care for those who have no other lifeline. COVID-19 has produced profound isolation, increases in depression, anxiety, suicide, substance use disorders, and a host of other problems. If you continue to pass HB602, my fear is that you will not increase quality, you will not improve service, but instead, you will increase isolation, emergency room visits, overdoses, and completed suicides, for those who could have or would have accessed this lifeline for help.

Michael Phillips, Ph.D., President
LaMora Psychological Associates, P.A.
Licensed Psychologist NH#807

39 Simon Street, Unit 5
Nashua, NH 03060
603-889-8648

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Peter Fifield
Sent: Tuesday, February 9, 2021 9:22:27 AM
To: ~House Health Human Services and Elderly Affairs
Subject: I oppose HB 602
Importance: Normal

Dear Committee Members of the House Health, Human Services and Elderly Affairs Committee,

I am writing in staunch opposition to the efforts of HB 602 to restrict reimbursement for telephonic, or audio-only telehealth services. I represent a private group practice of 17 mental health practitioners, Psychiatrists, Psychiatric Nurse Practitioners, Psychologists, Social Workers, Clinical Mental Health Counselors and Marital and Family Therapists. We expect to generate approximately 12,000 clinical visits this year serving the citizens of New Hampshire, and surrounding areas. Of these visits, I estimate that less than 300 of them will be Audio-only, or telephonic appointments. This is not a large component of our practice, and if these services are disallowed, it will not impact our bottom line, because in these times we often have over 100 people on a waiting list who are seeking treatment. I do not say this to brag, but to illustrate that my argument is not a financial one

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The people who use these telephonic sessions are among the poorest (financially), least technologically sophisticated, most rural (with bad internet connectivity), and often elder, disabled, or with cognitive difficulties. In addition, there are a number of specific psychopathologies that make it intolerable, or at least very painful to see one's own image when engaging in therapy, and creates such a disruption, that clients will opt out of treatment rather than face it.

We are one of the few group private practices that continue to accept Medicare and Medicaid reimbursement. Most other private groups have abandoned these payors, because they reimburse at such a low rate, or have such complicated regulatory requirements. We do this because of a sense of responsibility to treat all that have need, rather than just those who pay well. HB 602 undermines this strongly held value by denying access to care for those who have no other lifeline. COVID-19 has produced profound isolation, increases in depression, anxiety, suicide, substance use disorders, and a host of other problems. If you continue to pass HB602, my fear is that you will not increase quality, you will not improve service, but instead, you will increase

isolation, emergency room visits, overdoses, and completed suicides, for those who could have, or would have accessed this lifeline for help.

Peter Y Fifield Ed D., LCMHC, MLADC

Mitakuye Oyasin

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: administration@thecampbellhouses.com
Sent: Monday, March 1, 2021 5:04:18 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

Hello,

I would like to submit testimony regarding HB 602. Telehealth is very important to me on both a personal and professional level. My sister's and I own and with the help of a lot of other family members run, a small Assisted Living Community in Charlestown, NH. I have used Telehealth on a personal level to meet my own chronic healthcare needs. Additionally, we have several clients that use telehealth to meet their own physical, social and mental needs. Their mental health needs especially, are really helped with telehealth. Getting appropriate metal health services in Sullivan County in a timely and physically nearby way is difficult. Despite Covid-19, telehealth has improved healthcare in many ways. Healthcare is more balanced and there is more equal acces s to all systems since telehealth became payable by insurances that are widely used by lower income people. Please help us keep this valuable service available to the residents of New Hampshire.

Sincerely,

Ann Campbell
Administrator - Wayne's Place
A Campbell House Assisted Living Community
603-826-0840
603-826-0839 (F)

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Andy Cartier
Sent: Tuesday, March 2, 2021 2:15:14 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to HB 602
Importance: Normal

Good afternoon,

I am writing today in opposition to HB 602, an act relative to reimbursements for telemedicine. During the current pandemic, healthcare providers and their patients have come to rely on telemedicine as a way to access needed care without unnecessary exposure to increased levels of risk. While a more convenient and perhaps safer way of obtaining care, the amount of work and risk physicians and other providers take is no less, and deserves to be compensated appropriately.

The text of this bill allows for reimbursement to be less than the current dismal Medicaid rates, despite continual financial losses from many outpatient settings. In addition, the requirement that telemedicine be performed using some type of video or other device while excluding provision of service on an audio-only telephone puts an undue burden on both providers and patients that may not have the financial ability to obtain these devices nor the internet/data capacity to operate them. There should be no ability for insurers to decrease the amount of reimbursement given for these services as allowed in the recommended amendment to RSA415-J:3, III as, again, the level of risk and the amount of work put into making a diagnosis does not decrease simply because the provider is on video chat and indeed likely increases the risk these providers are exposed to.

I strongly urge the committee to reject this bill and allow medical providers in the State of New Hampshire to be adequately compensated for the services they provide.

Thank you for your time.

Rudolph A. Cartier III, DO, NRP
Emergency Medicine Physician

Archived: Wednesday, March 17, 2021 12:49:52 PM
From: Sue Kim
Sent: Wednesday, March 3, 2021 11:44:25 PM
To: ~House Health Human Services and Elderly Affairs
Subject: I'm a NH psychologist asking you to OPPOSE HB 602
Importance: Normal

Dear Honorable Members of the Health, Human Services, and Elderly Affairs Committee:

Thank you all for the energy and time you devote to the well-being of NH residents.

As a NH licensed psychologist in private practice in the Monadnock region (a rural area with a lack of adequate providers for the needs of the population), I am asking you to **PLEASE OPPOSE HB 602, relative to reimbursement for telemedicine.**

The main reasons I am opposed to the bill as written are:

(1) IT DOES NOT ENSURE AUDIO-ONLY MENTAL HEALTH SERVICES ARE COVERED...the amendment 2021-0205h for HB 602 does not improve the original HB 602 and will have a significant negative impact on NH citizens trying desperately to access counseling services, especially considering the increase in symptoms and needs related to the pandemic. In particular, the wording in the amendment is too vague about reimbursement for audio-only mental health therapy services...whereas the original wording was clear that audio-only services would be reimbursed. About 10-15% of my clients need to be able to access therapy with me via audio-only (phone) sessions due to various challenges including not owning a laptop, not having adequate internet access (trying to do a therapy session where you can only hear every other word of what the other person is saying is NOT effective), not knowing how to access the internet (about 30% of my clients are senior citizens who are not technologically savvy and are suffering from increased anxiety and depression due to isolation during the pandemic), and not having access to the internet due to their children doing online/remote schooling and needing the laptop and internet signal. Finally, at times during a video telehealth session, the connection will drop or become glitchy - and I will have to use the phone to call the client and finish the session by phone (I cannot just end it there abruptly). If audio-only services are not reimbursed, I would not be able to bill for sessions like that.

(2) IT DOES NOT ENSURE PARITY FOR TELEMEDICINE...while HB 1623 (passed last year) ensured parity for telehealth services, HB 602 does not clearly do so (as I'm reading it and the amendment). As a psychologist, I am doing the exact same service for a client via telehealth (whether on the phone or on video) as I am during an in-person session. The time devoted to the client, the skills I use in helping the person, the energy I devote to the healing process - all of that is THE SAME whether I am doing it in person or via telehealth. It seems unfair to me that insurance reimbursement for services would be less for telehealth. As a small business owner (of a private practice), my overhead costs are still the same with telehealth (in fact, I have to pay a large annual fee to purchase a HIPAA compliant Zoom healthcare account so sessions are safe from Zoom-bombing or other hacking). My current practice is a combination of in person, video, and phone - and I would greatly appreciate if you would support legislation wording that insists on PARITY in reimbursement for all those services.

I hope that by sharing what it's like to be working hard to help improve the mental health of NH residents, you can see ways in which we can all work together on this - and I would greatly appreciate you advancing legislation that requires insurance companies to reimburse at the same rates for telehealth services, INCLUDING audio-only services.

Thank you so much for your consideration,
Sue Kim, PhD
NH Licensed Psychologist #955

Acadia Counseling PLLC
Wilton, NH

Archived: Wednesday, March 17, 2021 12:49:51 PM
From: Scot Wilson
Sent: Friday, March 5, 2021 5:38:30 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

In the 2020 legislative year we saw a remarkable and necessary step to increasing the access to health care, particularly mental health care, in the form of bill HB 1623. This bill required that Medicaid and private insurers cover all telehealth appointments, for both physiological health and mental health, through video and through telephone, and at the same rate for in-person sessions. It gave some power back to practitioners, allowing for quality healthcare services to be provided in a way, especially during the pandemic, that keeps everyone safe and allows for services to be more accessible to every person.

As a result of the bill, practitioners have been able to see individuals in the north country, where mental health practitioners are in a worse supply than they are in the rest of the states. They have been able to find psychiatrists and nurse practitioners and have medication appointments with less difficulty. Finding time became less of a concern as patients were able to find time during a lunch break, allowing for more flexibility in appointments since there was not the drive and parking to get to the office. In the stroke of a pen, Governor Sununu made access to mental health easy to anyone with just a phone line.

HB 602 threatens to remove the progress and security of an already fragile mental health system.

In reading the text of the bill, it allows insurance companies to reimburse at a lower rate. This makes it unsustainable for practitioners. Jess Edwards, one of the bill's sponsors states "The cost structure of telemedicine and in-person care are widely different." Having the ability to telehealth does not reduce overhead cost. It does not reduce requirements (nor should it) for practitioners to have a private area to conduct sessions. It does not reduce my need to keep records. It does not reduce my training. It does not make practitioner expertise or skills less valuable. It does not decrease any requirements of any practitioner. It serves to cripple the little guy and let the insurance companies continue to dictate the care of the patients.

Mr. Edwards states "It will inhibit the necessary re-engineering of the healthcare system." This argument falls flat for a simple reason: we have managed, in less than a year, to re-engineer health systems. According to the US CDC, telemedicine in March 2020 was up 154% over the month the year before. Forrester Research has guessed that national telehealth visits could top 1 billion. According to the American Psychological Association, 84.7% of practitioners use telehealth as a means of appointments with practitioners for more than 76% of their visits.

If HB 602 is passed it will do nothing more than reduce the already sparse amount of services in New Hampshire. We will see an increase in wait times for hospital beds as we have more

people unable to find a therapist. We will have more therapists decide that we cannot see people through telehealth because it is not financially viable. We will continue down the road of inadequate mental healthcare. Some practitioners may decide to close their doors related to lack of financial sustainability thereby affecting the overall well-being of those struggling with mental health issues. There is lack of care in all of New Hampshire, and it is very heavily felt in rural areas. These changes to the law will be detrimental to the state.

Archived: Wednesday, March 17, 2021 12:49:51 PM
From: Dr Debi Warner
Sent: Sunday, March 7, 2021 4:55:47 PM
To: ~House Health Human Services and Elderly Affairs
Cc: Jess Edwards
Subject: HB 602 new Amendment proposal suggestion
Importance: Normal
Attachments:
Proposed Amendment to HB 602 - draft dw March 7, 2021.doc

Hello Health and Human Services and Elderly Affairs Committee members,

I am happy to report that in conversations with Representative Jess Edwards we have come up with a good solution to the controversies of the first two versions of HB 602 and the underlying issues. **Rep Edwards wanted me to let you know that he supports changing the bill into a study committee on how to enable fair negotiations between providers and insurers for telemedicine reimbursements.**

He has been burdened with the 6 billion dollar budget assigned to his committee and so is not able to draft the amendment himself. He wishes the study committee to return to the inquiries underlying the original HB 1471 committee. I note that it was that committee's work that spurred the statutory protections at the center of controversy in his bill. In the attached proposal I have recapitulated the HB1471 study language and additionally refined the topic question as:

> Duties. The committee shall study the factors that impact or prohibit negotiations between groups of providers and insurers, concerning health care reimbursement for telemedicine and telehealth; and ways that the state can empower these parties to negotiate fairly. The committee shall solicit information and testimony from any individual or entity the committee deems relevant to its study.

I am attaching the Amendment proposal suggestion that is being brought forward to your committee by Rep Folsom, so that you can see it ahead and hoping that it may be discussed, realizing that OLS possibly might not issue the official copy in your hands before 10 am Monday. None-the-less, I do hope that you consider it as a good solution to the controveries of HB 602 as it has been considered in your committee.

My concern if the committee simply retains the bill - is that the same arguing will just continue through the summer on the current proposal. But instead this study bill's focus would have a chance to reveal the root problems of the lopsided negotiation process and perhaps yield some solutions, or if not, then at least underscore the reasons that the statutory supports are needed to protect our providers and maybe how to get creative about those. I think it fills a need in the conversation on reimbursement to make this an inquiry of study.

I am happy to talk with you about any of this process and proposal.
Sincerely,
Dr Deborah Warner
Littleton
444-1512

Archived: Wednesday, March 17, 2021 12:49:51 PM
From: Dr Debi Warner
Sent: Sunday, March 7, 2021 4:56:00 PM
To: ~House Health Human Services and Elderly Affairs
Cc: Jess Edwards
Subject: HB 602 new Amendment proposal suggestion
Importance: Normal
Attachments:
Proposed Amendment to HB 602 - draft dw March 7, 2021.doc

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Dr Deborah Warner
Littleton
444-1512

Archived: Wednesday, March 17, 2021 12:49:51 PM
From: Jess Edwards
Sent: Sunday, March 7, 2021 5:00:16 PM
To: Dr Debi Warner; ~House Health Human Services and Elderly Affairs
Subject: Re: HB 602 new Amendment proposal suggestion
Importance: Normal

For completeness, I support the study committee.

However, it is also true that I support ending the state's role in fixing the price structure for clinical medicine as well as which technologies are considered clinically acceptable alternative to in-person care.

We need to keep the free market alive if we want the best solutions on the shortest time path.

What Dr. Warner and I have agreed to is that it is inherently unfair to have an insurance company negotiating with a lone provider banned from cooperating with other providers. Providers need to have freedom of association as well and trade unions.

Best Regards,

Jess Edwards
NH State Representative (Auburn, Chester, Sandown)
Chairman, Division III DHHS/Veterans Home, Finance Committee (2020-present)
Department of Health and Human Services Oversight Committee (2021-present)
Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery (2021-present)
Joint Committee on Dedicated Funds (2021-present)
Joint Fiscal Committee of the General Court - Alternate (2020-present)
Long Range Capital Planning and Utilization Committee - Alternate (2021-present)
Chairman, NH General Court Veterans Interest Caucus (2019-present)
Rockingham County Long-Term Care Services Committee (2017-present)
Auburn Planning Board (2016-present)

2019-2020 Ways and Means Committee
2019-2020 Commander Legislative Squadron, NH Civil Air Patrol, Lieutenant Colonel
2019-2020 Mental health and social service business process alignment and information system interoperability study committee
2017-2018 Health, Human Services, & Elderly Affairs Committee
2017-2018 Mental health and social service business process alignment and information system interoperability study committee
2018 Telemedicine and health care reimbursement for telemedicine and telehealth study committee
2018 Group home rate parity study committee

(603) 370-7885
Jess.Edwards@leg.state.nh.us
www.linkedin.com/in/jessecedwardsjr/

From: Dr Debi Warner <warner@330608.com>
Sent: Sunday, March 7, 2021 4:55 PM
To: ~House Health Human Services and Elderly Affairs <HHSEA@leg.state.nh.us>
Cc: Jess Edwards <Jess.Edwards@leg.state.nh.us>
Subject: HB 602 new Amendment proposal suggestion

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> Duties. The committee shall study the factors that impact or prohibit negotiations between groups of providers and insurers, concerning health care reimbursement for telemedicine and telehealth; and ways that the state can empower these parties to negotiate fairly. The committee shall solicit information and testimony from any individual or entity the committee deems relevant to its study.

I am attaching the Amendment proposal suggestion that is being brought forward to your committee by Rep Folsom, so that you can see it ahead and hoping that it may be discussed, realizing that OLS possibly might not issue the official copy in your hands before 10 am Monday. None-the-less, I do hope that you consider it as a good solution to the controveries of HB 602 as it has been considered in your committee.

My concern if the committee simply retains the bill - is that the same arguing will just continue through the summer on the current proposal. But instead this study bill's focus would have a chance to reveal the root problems of the lopsided negotiation process and perhaps yield some solutions, or if not, then at least underscore the reasons that the statutory supports are needed to protect our providers and maybe how to get creative about those. I think it fills a need in the conversation on reimbursement to make this an inquiry of study.

I am happy to talk with you about any of this process and proposal.
Sincerely,
Dr Deborah Warner
Littleton
444-1512

Archived: Wednesday, March 17, 2021 12:49:51 PM
From: Dr Debi Warner
Sent: Sunday, March 7, 2021 6:39:10 PM
To: Mark Pearson
Cc: Jess Edwards; ~House Health Human Services and Elderly Affairs
Subject: Re: HB 602 new Amendment proposal suggestion
Importance: Normal

Hello Chairman Pearson,
Thank you for clarifying this. I do appreciate what you are doing with the bill. Thank you so much for getting back to me.

I would like to request that the mission/duty section of this amendment be incorporated in the inquiries of the Commission, as this restricted negotiation topic keeps rising up and appears to be dismissed by all the professions and associations as untouchable, and they might be right. But - I think that Rep Edwards' points of discussion are valid, and I have found in my experience that we may tend to run from the inhibitions of Federal Preemptions, but without sufficient questions. Perhaps our smart NH people can find some solutions to fortify us for fair play once again, even if it is to recommend specific federal efforts.

In the Healio article cited by Rep Marsh, I do see the force of the Federal Preemption at work, oh my. Nonetheless I think scrutiney and some local examination is reasonable. That author noted, "Contracts offered to physicians and medical groups are now so one-sided that no other industry would tolerate them." Gosh I hope we take a look at this ourselves as a body and see if there are some efforts we ought to do back here in NH or federally.

So, that said, If Representative Marsh is amendable to incorporating that question into the scope of his Commission, even without a formal bill to that effect, I am satisfied that this bill could then become a vehicle for any solutions that blossom from the commission's inquiries on the broad topic of telemedicine practice and reimbursement.

Thank you so much.
Dr Debi Warner
Littleton
444-1512

On 3/7/2021 5:51 PM, Canon Mark A. Pearson wrote:

> First, my apologies to Dr.Warner. When you called me earlier this afternoon I did not know what I do now. There is already a study committee on this subject according to Rep. Dr. Bill Marsh, my vice chairman. Secondly, the bill should be RETAINED so it can become a vehicle, with amendment, to deal with what's in place after the various executive orders have either expired, been extended or turned into department policies.
>
> This is the way to go.
>
> Rep. Mark Pearson, Chairman, HHS&EA
> On Sunday, March 7, 2021, 5:40:14 PM EST, Jerry Knirk <jerry.knirk@leg.state.nh.us> wrote:

Hi Beth—Have you already submitted this amendment to OLS? We need it ASAP to finish tomorrow.

Jerry

Begin forwarded message:

From: Dr Debi Warner <warner@330608.com>
Subject: HB 602 new Amendment proposal suggestion
Date: March 7, 2021 at 4:55:35 PM EST
To: HHSEA@leg.state.nh.us
Cc: Jess Edwards <Jess.Edwards@leg.state.nh.us>

Archived: Wednesday, March 17, 2021 12:49:51 PM
From: Susan McKeown
Sent: Sunday, March 7, 2021 11:23:54 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

I oppose HB 602 as a pediatric nurse practitioner and certified prevention specialisht who worked in primary care for 41 years caring for families over the course of three generations. The need for mental health services has grown exponentially over this past year and is critical to the public health of our state and country. Children are at very high risk due to their stage of development and the inpact that trauma has on their developing brains. Adults need care and support to best care for themselves and the children who depend on them. Telehealth has already proven itself critical during this high demand time. Work shortage remains a concern and telehealth makes more appointment likely to happen. Lack of transportation, weather issues, and reluctance for treatment have been among the issues in following through with counseling. Telehealth have eliminated these issue allowing more people to access care. It is critical to defeat this bill and allow for adequate/equal reimbursement. Thank you for opposing HB 602.

Susan McKeown APRN (ret), CPS, MFA

Susan McKeown APRN, CPS, MFA
Author/Speaker on marriage and healthy relationships:
Beyondthefirstdance.com
F.A.S.T.E.R. Facilitator -Manchester
Tel: 603-668-4859 Cell: 603-860-9809

Archived: Wednesday, March 17, 2021 12:49:51 PM
From: Michael Phillips
Sent: Monday, March 8, 2021 3:24:35 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

I was initially glad to hear that HB602 was going to be amended, because it did not initially protect the healthcare of NH residents as it claimed to do. As originally written, it sought to remove the ability for healthcare providers to be reimbursed for audio only telehealth services and sought to remove the protections for payment that were currently in place reimbursing providers for services at the same rate as they would be reimbursed for services if they took place in person. I was dismayed to find, that instead of fixing these problems, the amendment again put forward language that further obscures the reimbursement for telehealth services and does not expressly empower us to provide "audio only" services to those patients, who in most cases, are both the neediest, and have the fewest other options for receiving such care. I would recommend that the bill state explicitly that both audio only and audiovisual sources of telehealth will be covered, and that there will be no reduction in reimbursement for these telehealth services.

Since the pandemic began, I have not paid one less dollar of rent, or utility for my office space, even though all of my clinicians are using teletherapy exclusively. Instead, I have had to pay for additional computers, expanded internet services, enhanced firewall and VPN capacities, increased storage and licensing costs, and monthly subscriptions to our webcasting services company. In addition, my I.T. expenses have expanded tenfold, and delays resulting from managing large amounts of communications have served to make the process even harder to provide care. It seems like the committee thinks that telehealth is somehow less expensive an option than regular behavioral healthcare. Perhaps in giant corporations who can run on skeleton crews and who can shutter offices, and let them lie dormant, this may be the case. In behavioral healthcare, this is not the case. Most behavioral healthcare providers are relatively small businesses, with some exceptions, and lack the ability to weather such financial storms. While there has been a huge upsurge in demand for services which has helped cover some of these expenses, the care is still more expensive. Paying less for more expensive care is unreasonable, and will likely lead to more clinicians closing shop, or refusing to treat Medicaid patients. This is a time where the government of New Hampshire should be facilitating care for its residents, not putting additional obstacles in the way of their obtaining such care. HB 602 as written, will create such obstacles. Please vote no on this bill without the further amendment suggested above. Thank you for your time and careful consideration.

Sincerely,

Michael Phillips, Ph.D., President
LaMora Psychological Associates, P.A.
Licensed Psychologist NH#807

39 Simon Street, Unit 5
Nashua, NH 03060
603-889-8648

Archived: Wednesday, March 17, 2021 12:49:59 PM
From: writeonlr@aol.com
Sent: Wednesday, January 27, 2021 6:43:10 PM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill 602
Importance: Normal

Dear Legislators,

I am a licensed mental health counselor in Concord, NH and have offered mental health services
for the last 40 years.

I am opposing HB602 because the clients who are most in need in the state are those who will be
further deprived by this bill. Many adults and families still have no access to reliable internet, and elderly
patients especially feel unable to use computers. Many clients also have no reliable transportation
and rely on telephone counseling sessions. Most of these clients are also likely to not be able to
afford needed counseling without insurance coverage.

Like many mental health providers, we are small businesses suffering financial losses through the
pandemic. Insurance coverage for mental health care should not be cut back by insurance providers
further.

Please, please, please vote against this bill.

Sincerely,

Linda-Ruth Berger
Licensed Clinical Mental Health Counselor
NH #206
18 North Main Street #300
Concord, NH 03301
603 224-0600

Archived: Wednesday, March 17, 2021 12:49:59 PM
From: P. Leslie Berman, LICSW
Sent: Wednesday, January 27, 2021 9:17:13 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Committee on Health, Human Services and Elderly Affairs
State of New Hampshire

Dear Chairperson and Members of the Committee:

I write to you to oppose H.602, An Act relative to reimbursements for telemedicine. Opposing this bill is particularly important to me professionally because I am licensed to provide social work services in the state of New Hampshire as an independently licensed clinical social worker. During the COVID-19 pandemic and New Hampshire's State of Emergency, I have been conducting teletherapy with a New Hampshire resident who used to travel to Boston to see me.

This client lives in rural New Hampshire and her internet is unreliable. There are times when telephone is the only way to conduct her psychotherapy sessions. It's imperative that she has continuity of care for multiple reasons including the fact that she is psychiatrically disabled and vulnerable to needing a higher level of treatment. Her continued psychotherapy with me helps to prevent decompensation which would lead to a costly hospitalization.

HB602 would not only limit my client's access to medically necessary care, it would also reduce the rates of reimbursement for her treatment. I am in private practice with a private group practice. Our practice is a small business and as such, is unable to absorb any reduction in reimbursement rates. Instead of HB602, there is actually the need and precedent set for legislation that protects patients' access to audio-only telemedicine and that mandates that telemedicine be reimbursed at the same rates as in-person care.

I respectfully request that the Committee oppose H602. Thank you for your consideration on this important matter.

Respectfully,

Patrice Leslie Berman, LICSW
(she/her/hers)

266 Beacon Street, Suite 4R
Boston, MA 02116
857-544-3850
leslie@livewellboston.com

Archived: Wednesday, March 17, 2021 12:49:59 PM
From: Roni Hardy
Sent: Wednesday, January 27, 2021 11:11:09 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

This pandemic has been difficult on everyone, but especially on vulnerable populations. As a therapist, being able to talk to and connect, via telehealth, with clients experiencing anxiety and depression during these difficult days has literally been a life-saver for many people. There are people who cannot participate in video conferences because they do not have reliable and stable internet connections. The ability to speak on the phone has been invaluable to providing continuing care for those people, who might otherwise wind up in emergency rooms or worse.

Reimbursement rates must remain the same as in-person or many practitioners would go out of business. There is already a shortage of mental health providers in the State, as evidenced by the 10-15 calls a day we receive.

Please do not pass this bill, as it will provide an unnecessary obstacle for many people in accessing mental health care.

Thank you,

Veronica Hardy, LCMHC
Capital Valley Counseling Associates, LLC
8 Centre Street, Suite 2
Concord NH 03301
603-228-7300 x22

Archived: Wednesday, March 17, 2021 12:49:59 PM
From: Tammy Kiniry
Sent: Thursday, January 28, 2021 7:30:02 AM
To: ~House Health Human Services and Elderly Affairs
Subject: NH Hous Bill 602
Importance: Normal

To Whom It May Concern:

I'm a licensed marriage and family therapist and I want to voice my STRONG disapproval of House Bill 602 which suggests to reduce the reimbursement of telehealth (video) sessions and stop payment for phone sessions. This must be driven by pressure from insurance companies because I can't for the life of me understand WHY our elected officials would want to limit access to mental health services and make it difficult for practitioners to stay in business - especially in the midst of a pandemic that is having a significant impact on people's mental health. What do our elected officials have to gain from this bill? Help me to understand. I urge you to call around to places who provide therapy - ask them just how long their waitlists are right now. I work at Willowdale Counseling Center and I will tell you that our waitlists are probably 9 months right now. If it weren't for telehealth options, I wouldn't be seeing anyone at all - which would lengthen our waitlist, because I have highly at risk elderly parents who live with me. Having the ability for telehelath in these circumstances is crucial - for those in need of mental health support AND for those who provide it. Mental health providers don't make a lot of money to begin with - we don't go into this field with some ideal that it will be financially rewarding - we do it for the love and care and concern for the human race. So again.... WHY would you want to limit access to that and WHY would you want to discourage mental health providers when they have to choose between doing what they love and doing what pays the bills?

Please vote "NO" on this bill.

Sincerely,
Tammy Kiniry, LMFT
9 Van Ger Drive
Bow, NH 03304

Archived: Wednesday, March 17, 2021 12:49:59 PM
From: Susan Nykamp
Sent: Thursday, January 28, 2021 8:29:27 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to HB602
Importance: Normal

I am a Licensed Independent Clinical Social Worker in private practice in NH, providing behavioral health services to NH adults. I am strongly opposed to HB 602 for the following reasons:
1.) Many of my elderly and/or low-income clients have benefited greatly from being able to receive continuity of mental health support remotely during the pandemic. Some of them do not have the technology (high-speed internet, laptop, smart phone, etc.) required to receive services through video/audio means. Their only available option is the telephone.
2.) The ability to provide mental health services via telephone is equally effective to conducting one through video, and is even more effective than trying to conduct one when the video connection is poor, resulting in frozen images, delayed audio, and losing connection.
3.) If you remove the option for audio-only treatment for people who don't have the financial means or technological ability to connect via video, you are discriminating against a group of people and preventing them from receiving services at a time when it is risky for them to leave the house due to the pandemic.
4.) Providing services via telephone and via video requires the same amount of time and professional attention as it does if I am providing services in-person. Furthermore, my expenses remain the same, as I am still maintaining an office, office supplies, etc. Therefore, there is no rationale to allow for a lower reimbursement rate for telehealth services than for in-person services. I deserve to be reimbursed at an equal rate for providing an equal service.

Susan Nykamp, LICSW
Amherst, NH

Archived: Wednesday, March 17, 2021 12:49:59 PM
From: Nancy Colburn
Sent: Thursday, January 28, 2021 9:17:59 AM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill #602, Health, Human Services and Elderly Affairs
Importance: Normal

Esteemed Committee Members,

I oppose House Bill #602. It would have a very detrimental impact on some of the most vulnerable citizens in the state of New Hampshire.

I am a psychologist working in a private group practice in southern New Hampshire providing individual psychotherapy to people with a variety of needs. I specialize in working with older/elderly clients as well as clients with chronic health conditions. Since going to remote work in March, my clients have been much better able to attend their appointments as illness flare-ups and travel can both be barriers to coming into the office in this population. I have also been able to more consistently see my clients who work or are raising families as they are better able to fit telehealth appointments into their busy work lives. I have found telehealth treatment to be every bit as effective as in person appointments.

In short, we need to keep telehealth, including audio-only appointments, available and compensated in parity with in-person services for the following reasons:

- Our older clients have greatly benefited from this option
- Our clients without reliable internet have benefitted from this option
- Our clients without reliable transportation have benefitted from this option
- Clinicians in private and small group practices are small businesses
- Access to mental and behavioral health services can help prevent future costs associated with more intensive services

Thank you for your consideration of my testimony.

Nancy Colburn, Psy.D.
Licensed Psychologist

Archived: Wednesday, March 17, 2021 12:49:59 PM
From: Pam Fein
Sent: Thursday, January 28, 2021 9:29:26 AM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill 602
Importance: Normal

Good morning,

Please consider the enormous impact that will be felt and the increased isolation by patients that are already severely restricted due to the pandemic. All the factors considered (mental health issues, isolation, financial stresses, physical well being), we need to be able to service the needs of patients where they are and not dictate how they be delivered. A patient's therapist, in many situations, is their lifeline. Haven't we lost enough, haven't we suffered enough. It is well past time to have empathy and compassion for all people and deliver the services that are needed and not allow insurance companies or individuals without compassion to make decisions that have a directly negative impact the quality of people's lives.

Be well and stay safe!

Sincerely,

Pamela Fein
Deer Creek Psychological Associates
Business Manager
802-785-2903 ext 301
802-785-2631 fax

Archived: Wednesday, March 17, 2021 12:49:58 PM
From: Pete Afflerbach
Sent: Thursday, January 28, 2021 9:57:18 AM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill 602
Importance: Normal

To Honorable Members of the Committee:

Please oppose bill 602. I am a mental health provider who has clients who depend on audio support. Please don't remove audio support as an option. I have also found that Telehealth services have lifted barriers to treatment for people needing support, and as we move back toward a safer world from this virus, giving people options for Telehealth treatment makes good sense. To consider allowing insurance companies to compensate less for the same work delivered in a different format is just plain wrong. I assure you, we have been working harder, and have had to meet the needs of more people seeking help.

Remote learning has been challenging for many children and families. Fear of getting sick and dying, political unrest, grief and loss, and just overall increased depression and anxiety for people has been very real this past year. No one calls us frontline workers, but my peers and I have been spending more time working to instill hope in the face of hopelessness and anger.

Strong mental health makes for strong communities. If lawyers can be compensated hundreds of dollars per hour for services, I find it insulting that you are considering allowing insurance companies to reduce compensation for mental health services. Our services are already far less expensive than legal services, as well as many other medical services.

My peers and I have worked very hard during this pandemic and continue to use phones and video to reach people in need. We all paid and/or borrowed real money to earn advanced degrees in mental health education, and I would hope the committee would hold insurance companies accountable for continuing to compensate us fairly for our commitment to this work.

Thank you for considering this perspective, and may it help guide you to do the right thing.

Peter Afflerbach, MA LCMHC
Counseling Associates of New London, PLLC
35 Newport Road New London, NH 03257
(603)865-1321

Archived: Wednesday, March 17, 2021 12:49:58 PM
From: Howard, Jessica
Sent: Thursday, January 28, 2021 10:31:58 AM
To: ~House Health Human Services and Elderly Affairs
Subject: opposing HB 602
Importance: Normal

Hello

I am writing to oppose the bill discontinuing or lowering reimbursement for telehealth services. In Cheshire County many clients in need of mental health services live in rural areas. Due to this, telehealth has been life changing in the way services can be provided to them. People are now able to call and receive support when they cannot get transportations to attend appointments in person. Second, those with anxiety and phobias can now receive services when prior they could not due to fear of leaving their home. Third we are in a pandemic. If telehealth is no longer billable (or reimbursed properly) it will put those who are mentally ill and often have serious medical conditions at a higher risk to contract the virus. Staff providing services to those clients will also but put at an unnecessary risk. Lastly, those in our community suffering from symptoms of mental illness are also living well below the poverty line. Due to this they do not have access to technology including internet and devices to participate in video telehealth therefore audio telehealth (phone calls) are their only means of contact with providers at times.

I appreciate your time and consideration about this matter. I strongly believe that removing audio telehealth as a reimbursable service for the mentally ill in our community will seriously negatively impact those who are at risk.

Jessica Howard
1007 Old Walpole Rd
Surry NH
603-355-3040

Archived: Wednesday, March 17, 2021 12:49:58 PM
From: Beth Crandall
Sent: Thursday, January 28, 2021 10:35:06 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Written Testimony opposing House Bill 602, Hearing Date 2/2/21
Importance: Normal

To Whom it May Concern,

The proposal to redefine telemedicine to exclude the use of telephone only services will severely harm a significant portion of the elderly and low income population of New Hampshire. Many elderly individuals who are more likely to stay home due to health concerns and pre-existing conditions that would make the Covid-19 virus more dangerous are the same individuals who lack computer literacy, have fixed incomes and cannot afford internet, or are unable to purchase a computer that is able to successfully run telemedicine software such as Zoom and Doxy.

Bill 602 would cut these people off from services that are most vital to them during this time, such as therapy (which will be necessary to help process the loss these people are experiencing of friends and loved ones due to Covid-19, as well as cope with the increased isolation they are experiencing), medication monitoring (individuals in quarantined assisted living facilities will not be able to communicate with their psychiatrists), and the functional support services that are needed by elderly and disabled individuals to address day to day challenges and questions that require clarification. The loss of these services will lead to increased hospitalizations, a risk we can't take with the antibody resistant Brazil and South African variants of the coronavirus starting to arrive in the US.

Excluding nursing homes and assisted living facilities, our most recent data from the National Center for Educational Statistics revealed that at least ten percent of New Hampshire homes do not have any internet access. This does not count our more rural areas where internet access exists, but is not sufficient to support a video call.

Bill 602 would remove vital healthcare services from more than 10% of New Hampshire, specifically those who are already the most isolated and vulnerable.

Sincerely,

Elizabeth Miller

Archived: Wednesday, March 17, 2021 12:49:58 PM
From: Dina Solomon
Sent: Thursday, January 28, 2021 10:36:07 AM
To: ~House Health Human Services and Elderly Affairs
Subject: I oppose house bill 602
Importance: Normal

To Whom It May Concern:

I am writing to state my opposition to proposed House BIll 602.

Having telehealth services available to my clients has been a vital service which has been too long in coming. Telehealth has saved lives and saved my business during the pandemic. Although I was someone who was highly reluctant to use telehealth prior to the pandemic to provide mental health services, I have seen that it is vital, and it is vital to continue to have it available moving forward.

This bill specifically contains language to disallow services without video, and it also allows for insurance companies to reimburse at lower rates for telehealth than their regular pay schedules allow for. This puts undue pressure on my small business and on my clients. For elderly clients, clients on a fixed income, or clients who live in rural areas, having the ability to use the telephone has allowed vital mental health treatment to continue uninterrupted. I know certainly that this service has kept people on my caseload alive in at least one case, and it has averted psychiatric hospitalization in several other cases. It is vitally important for clients who do not have consistent access to the internet to be able to use the telephone for therapy and mental health services. Also, if I am providing these services, it is an absurd expectation that I should be paid less for them than I would be paid if the client was seen in the office. I am providing the same excellent care for my clients that I always do, and my appointment times are set up as they always are, so it is unheard of to think that I should be paid less and that my business and my family life should suffer as I am doing the same good work I always do. Also, it is an obvious financial boon for an insurance company to pay me at the regular rates for regular care that prevents emergency services and hospitalizations that come at a much higher price tag.

Sincerely,

Dina L. Solomon, LISCW
NH License #1469

--
Dina L. Solomon, LICSW
113 Riverway Place, Building 1
Bedford, NH 03110
ph: 603-858-1282

Archived: Wednesday, March 17, 2021 12:49:58 PM
From: Trish Pellegrino
Sent: Thursday, January 28, 2021 11:02:53 AM
To: ~House Health Human Services and Elderly Affairs
Subject: House bill 602
Importance: Normal

I oppose this bill. I have been a patient of a therapist for the past year who was able to "see" me because of tele visits. I have not been comfortable going to her office and she, as well, has not been comfortable meeting with patients in her office. Mental health visits are so important during this pandemic and I can attest to the fact that I would not have been able to be as well adjusted to living through this pandemic if it hadn't been for these visits.
My roommate also babysits for a therapist who is able to work because of televisits. If she were going to her office, we would not be able to babysit for fear of being exposed.
Please vote against this bill.
Sincerely, Trish Pellegrino, Concord, NH

Archived: Wednesday, March 17, 2021 12:49:58 PM
From: Cheryl Laurenza
Sent: Thursday, January 28, 2021 11:05:50 AM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill 602
Importance: Normal

Good Morning

I'm responding to the proposed decrease in reimbursement for telephonic mental health.

Some members of our community at greatest risk are elderly, impoverished, no access to technologies or transportation in rural and underserved areas.

On our end, it is still the same time taken in providing help, I fear it might force many Independent Clinicians to not take such clients because of the financial impact.

We are and have been experiencing unprecedented calls for help as it is, this proposed bill will only further exacerbate the issue and potentially do harm.

Respectfully Submitted,

Cheryl Laurenza MA, LCMHC, LPC
The Refuge Counseling Center
202 Main St Suite 102
Salem, NH 03079
6786932281
https://us-east-2.protection.sophos.com?d=refugecounselingcenter.org&u=d3d3LnJlZnVnZWNvdW5zZWxpbmdjZW50ZXIub3Jn&i=NWViOWEzNmVkMDA3MzIxNzcxMzJhMTNm&t=TFB5RmxCa0hTeXZSWFFkSGhlK0pRWVliQTlCU3h3Vk1jU2JBbzhFclVhcz0=&h=b31aa7e0c9e5400e9231c8f15e35ec95

Archived: Wednesday, March 17, 2021 12:49:58 PM
From: Pat Goss
Sent: Thursday, January 28, 2021 11:25:47 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

My sister is a psychotherapist and has many clients. During this time of Covid-19, she has been "seeing " clients through using tele-health.
She is very good at her job and has helped to counsel many people who are on the brink of hysteria and/or even suicide.

Weather she sees her clients in person or by tele-health, she is still being very effective and thus should be receiving the same pay for either method of delivery.

Bottom line is that everyone has stayed healthy with tele-health and who knows how many lives have been saved with this method of service! That alone deserves recognition!

I oppose HB 602 for these reasons.

Sincerely,
Patricia Goss
Derry, NH

Sent from my iPhone

Archived: Wednesday, March 17, 2021 12:49:58 PM
From: Jacqueline Berg
Sent: Thursday, January 28, 2021 11:25:58 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to House Bill 602
Importance: Normal

This is my opposition statement to House Bill 602.

I am a psychotherapist, working in private practice mental health.

Regarding audio-only option for telehealth:

- MOST PCPs in my area are using the audio option: quite frankly they have NO technology training. I have helped PCPs setup telemed in the prior years, and they really struggle with it. They do NOT struggle with phone, as they have been using that for decades. My own medical appointments have been by phone predominantly, as even when they have the technology doctors hate it.
- Regarding audio psychotherapy: some clients PREFER audio only. They report that they can focus on their own therapy better. This is also a huge asset to those experiencing Migraines, which can be a chronic condition contributing to depression.
- Much of our state is rural: quite frankly when it is rainy or windy, the internet in my area becomes flaky --- AS IT DOES WHEN PEOPLE arrive end the work/school day start playing video games. This is a well known phenomenon in our state. MOST people want an after school/after work time. Many of the clients we work with pay for lowest speed internet service, due to budgetary constraints, cuts in job pay, and cutback in hours. When it isn't working, we need audio backup.
- Due to children being educated at home, and family members working remotely, sometimes audio is the only option.

Regarding reimbursement:

- In private practice, we are already hurting economically. We have no health insurance, no vacation time, no sick time: these are all paid out of our own pockets. Every hour we see clients is critical to income. AND WE HAD TO EARN A MASTERS DEGREE and work for a minimum of four years at very low pay ($35,000 or less is not atypical) BEFORE we can even enter private practice. I have not had a "raise" from Anthem in years. I'm being paid exactly what I was being paid 5 years ago, when the cost of groceries has gone through the roof. **Most people are paying school loans.** It is actually not possible for most people to work in mental health because of the low pay. My community mental health center doesn't license enough people because they are forced to quit: you can get paid better in retail, without any degree. We are severely struggling to have enough providers to service clients in the entire state, so why would we CUT PAY.
- As an occupation, Psychotherapy does not respect ourselves: We have to work for 18 months for free. When I was an intern, I had a higher caseload than the full-timers, BECAUSE I WAS FREE. It's how my company actually stayed in business, because without the free labor, they would not have been sustainable and in fact they did have to close due to finances.
- Reducing reimbursement is going to reduce mental health access in a state that is critically low. Our CMHCs are barely treading water. Abuses are occurring in group practices in clinical hour requirements, that are just going to force more people to quit. We already make less than a manager at McDonald's and I get ½ day off per week typically, as I provide therapy and manage my business. Mental health has been setup to fail and underserve in our state. Why make that worse?
- This will force more people into working for cash only and not accept insurance due to the inability to make a reasonable living. Again: reducing access to mental health care in a state that is seriously struggling.
- I am licensed in five states, and have an engineering background. I have elected to have only NH clients due to the need and this is where I live. If you cut my pay, I will simply stop accepting NH

clients, and take the out-of-state clients where I am licensed and don't reduce my payment because it is teletherapy. I have options. Many do not TODAY, but it only takes about a 6 weeks to get licensed in another state. This again will just increase the NH mental health crisis.

- My costs are HIGHER with teletherapy. I still need an office to work from, and I pay extensive technology fees to provide teletherapy: these include HIPPA compliant eforms and tools to create these, two telehealth platforms (in case one is out that day), and much higher internet speed to make sure I CAN do video. This additional cost is close to 40% of my office rental costs. For those getting commercial internet to their offices, it is much higher. The majority of my clients prefer telehealth, so why should I be paid less for it, when it costs more to provide.
- The research shows that teletherapy IS AT LEAST AS EFFECTIVE as in person – so why should be
- And as an example of the dangers: I had a client who had a foot amputation. He could not make it to the office and was suicidal. Is this the kind of client you want to exempt from services? Costs will be significantly higher when he ends up in residential care because therapists do not want to accept lower pay.

Jacqueline L. Berg, MA, LMFT
40 Old Lakeshore Road
Gilford, NH 03249
www.LakesRegionFamilyTherapy.com
Phone: 603.387.1523
Fax: 603.782.4859

Archived: Wednesday, March 17, 2021 12:49:58 PM
From: Seth Wizwer
Sent: Thursday, January 28, 2021 12:29:38 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

I am writing to express my opposition to the proposed changes being suggested to HB 602 in regards to the execution and reimbursement of services for telehealth. I am a licensed mental health professional in the state and since the Covid-19 epidemic have been seeing all my clients through telehealth services. This service has been invaluable to the clients who would have been left with no counseling or support. Many of the clients I have been working with have been in a very fragile and vulnerable position and have expressed that being able to connect with their providers, Myself and other medical providers, through virtual means as being a critical "life line" for them. To limit my ability to continue to provide these services is just wrong and is placing insurance company profits over the needs of the individuals they are supposed to serve. I should not have to be paid less for the same service I would provide whether they were sitting across from me in my office or sitting across from me on the computer screen. If anything I would say it is more work to provide counseling through virtual platform and I should not have to take a pay cut because clients are unable to come see me physically in my office.
As far as the Telephone aspect of this Bill, I have to raise the concern that there are still many people who do not have access to quality internet, or do not have the technical ability to manage the technology associated with video therapy and yet still need and benefit from a telephone visit. It is specifically interesting that this is being brought up under elderly affairs committee as the elderly population is one of the larger ones that has difficulty in my experience with managing the video technology and request/ need to connect and work with their provider over the phone.
I strongly hope that you take this into consideration and vote to oppose this bill. Please feel free to reach out to me with further questions.

Seth Wizwer, LCMHC, NH 642
President NewHampshire Mental Health Counselors Association

Archived: Wednesday, March 17, 2021 1:12:30 PM
From: HCS
Sent: Monday, February 1, 2021 6:53:56 AM
To: ~House Health Human Services and Elderly Affairs
Subject: FW: HB602
Response requested: No
Importance: Normal

From: Donald O. Kollisch <Donald.O.Kollisch@dartmouth.edu>
Sent: Saturday, January 30, 2021 4:24 PM
To: HCS <HCS@leg.state.nh.us>
Cc: Michael Padmore <Michael.Padmore@nhms.org>
Subject: HB602

Dear Legislative support,
I signed up to be listed as "opposed" to HB602, which is being heard on Tuesday, 2/2 at 9:30 by the Committe on Health, Human Services, and Aging.
I had originally indicated that I did NOT want to testify but have changed my mind. I WOULD like to testify, if I possibly can.
Many thanks.
Donald Kollisch, MD
Hanover

Archived: Wednesday, March 17, 2021 1:12:30 PM
From: Andrew Gersten
Sent: Sunday, January 31, 2021 5:24:40 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Dear Committee Members,

I am a psychologist who works in private practice and at a federally qualified health center, Amoskeag Health, in Manchester. I am asking that you OPPOSE HB602, a bill that would be detrimental to both mental health and substance use treatment access as well as to the economic impact to many mental health and substance use practices and businesses.

Impact of loss of audio-only treatment coverage [suggested aspects to highlight but make it personal to your practice and patients]

Telehealth has not only allowed access to treatment during COVID, it has become an alternative to in-office appointments that many of my patients appreciate and will choose even after the pandemic. Almost all clients have found it beneficial and equally as helpful as in person office services. This has been the case both in private practice and in a child development clinic where I work. Not all my patients have reliable internet access, particularly older, rural, and underserved populations. Even typically reliable internet connection hasn't always been reliable, so patients have been able to continue treatment on those days when the video connection hasn't worked. Missed sessions have lessened because of the ability to offer choice to patients rather than restrictions. Limiting or losing access to treatment will ultimately result in increased costs either through emergency services or more intensive services, both now during the pandemic and after. Furthermore, at times because of internet problems clients have had to rely on a telephone for their session and that has also proved beneficial and will likely need to be a part of telehealth services going forward.

As a business owner, if telehealth is no longer paid at parity with in-office services, this economic impact will result in a significant loss of income and make telehealth difficult to continue using even though it is preferable for many people. The service that is provided is the same regardless of whether it is in-person or through telehealth and again 98% of my clients have found telehealth very helpful and convenient. There are still the same costs for overhead as my practice offers both in-office and telehealth options since telehealth is not appropriate for every patient. There is already a healthcare workforce shortage in New Hampshire. Reducing the income of clinicians when low reimbursement rates are already one main reason for the workforce shortage is not in the best interest of the citizens of New Hampshire. This also will reduce access to care which only increases healthcare costs in the long run.

Thank you for your time and for your service to the citizens of New Hampshire. Please OPPOSE HB60

Andrew Gersten, Ph.D.
603 669-0906
753 Chestnut St
Manchester, NH 03104
www.drandrewgersten.com

Archived: Wednesday, March 17, 2021 1:12:30 PM
From: klc3766@outlook.com
Sent: Sunday, January 31, 2021 11:28:41 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Reimbursement for Telehealth services is allowing many non-profit community agencies to continue to operate to serve the public, especially those disadvantaged in our communities.
I would like to direct your attention to the August 5, 2020 NY Times article – as well as many others that point out the embarrassingly high profits health insurance companies (and their parent companies) have earned during this pandemic.
Health Insurance companies certainly do not need a "bail out" during this pandemic.
Karin Caruso
A Member of the Public

Sent from Mail for Windows 10

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Naomi Rather
Sent: Saturday, January 30, 2021 1:35:29 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Dear Representatives,

I am a psychotherapist who works in private practice in Newington, with a specialty in couples, trauma, grief and families. Needless to say since COVID hit I have been inundated with requests for treatment, at a time when I too am experiencing many of the same stressors that my clients are.

I am asking that you OPPOSE HB602, a bill that would be detrimental to both mental health and substance use treatment access as well as to the economic impact to many mental health practices and businesses.

Telehealth has not only allowed access to treatment during COVID, it has become an alternative to in-office appointments that many of my patients appreciate and will choose even after the pandemic. Limiting or losing access to treatment will ultimately result in increased costs either through emergency services or more intensive services, both now during the pandemic and after. Some of my patients are older, and struggle with video conferencing software; for them being able to meet via phone has been nothing short of a lifeline to their emotional and mental well-being.

As a business owner, if telehealth is no longer paid at parity with in-office services, the economic impact would be devastating. What is worse is that providing services online is actually more difficult for a therapist; when working on line we have to double our concentration to pick up small cues like tears or shifts in mood; these are important clues as to how a session is being perceived.

The fact that an insurance company, whose officers are paid enormous sums of money, would nickel and dime a psychotherapist, who is often the only source of support for their policyholders, which could lead to far more expensive hospitalizations just makes no sense to me.

Additionally, there are still the same costs for overhead for my practice; I am paying for liability insurance, electronic record keeping services, continuing education, consultation whether I am working from home or paying rent somewhere.

There is already a healthcare workforce shortage in New Hampshire. Reducing the income of clinicians when low reimbursement rates are already one main reason for the workforce shortage is not in the best interest of the citizens of New Hampshire. This also will reduce access to care which only increases healthcare costs in the long run.

Thank you for your time and for your service to the citizens of New Hampshire. Please OPPOSE HB602

With Kind Regards,

Naomi B. Rather, PhD

With Kindest Regards,

Naomi B. Rather, Ph.D.,LCMHC

Certified Emotionally Focused Couples Therapist & Supervisor
EMDRIA Certified EMDR Clinician
www.rathercounseling.com
That Relationship Show podcast

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Sharon Walker
Sent: Saturday, January 30, 2021 12:27:11 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

To whomever this may concern,

As a psychologist who specializes in geriatrics, I am very concerned about the provisions in this bill regarding audio only telehealth and parity. Since the state and CDC guidelines regarding " stay at home" for those over 60 and with comorbidity , I have worked with my patients via telehealth. Many of my patients either have no access to computers or cell phones and rely on audio only treatment during this pandemic. Please note that these individuals are the most vulnerable and the most isolated. Not only have they been advised to stay at home, but they are fearful of going out. As the positivity rate in our community rises, as only a small percentage of the population has been immunized, and as whether a vaccinated person can transmit the virus is unknown, how could I possibly ask my patients to see me in person? Following medical advice, I have been strongly advocating for my patients to stay at home. As many of my patients don't have access to computers or cell phones that allow FaceTime, can't afford them and would be unable to navigate how to use them for audio-visual appointments, without the option of audio only treatment, they will be even more isolated. This isolation causes increased depression, anxiety and cognitive impairment and would result in greater emergency room visits (if they were not terrified to go to the ER, as many are) and to an increase in medical and mental health problems.

I much prefer meeting with my patients in person, but this is not possible due to the pandemic. Working remotely, especially by audio only, is more grueling and time consuming as each appointment requires me to contact other medical professionals and family members after the appointment. When patients come in person, they are usually accompanied by family members and I am able to get information and make recommendations to them at that time. This work is not only more grueling and time consuming, but also causes secondary traumatization to the health care provider because patients are more depressed, angry and anxious, as the research shows. Working without parity would not only be untenable, but also a slap in the face to providers who are working on the front line.

I urge you to consider what I have said and vote against this bill which is going to hurt both the most vulnerable in our community and the providers who serve them.

Sincerely,
Dr Sharon Walker

Sent from my iPad

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Kenneth Dolkart
Sent: Saturday, January 30, 2021 11:17:52 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Dear Representatives - I am an Internist and Geriatrician who takes care of both younger and elderly patients in the Claremont/Sullivan County region, and I am mystified as to why you are proposing a bill to exclude medicaid reimbursement for telephone visits from prior "telemedicine" legislation. During this pandemic, patients who don't have the capacity to come in for care, or wish to avoid sitting in doctor's waiting rooms, have had critical care provided via telephone.

As you know, CMS, via Executive Order on Improving Rural Health and Telehealth Access, last year expanded reimbursement via Medicare for such services. HB602, would therefore seem to be specifically targeted at Medicaid patients, many of whom, like seniors, do not have access to computers or be able to afford the cost of cable access. Hence, you are selectively -and it would appear punitively - denying such service during a pandemic to those who cannot afford or manage a video component to their visit.

Perhaps the rationale for this bill is to save state Medicaid dollars. The patients who most benefit from the telephone services are those rural citizens who are most impaired and poorest. This includes patients with serious medical conditions and immunodeficiencies, as well as patients with serious mental health disorders. Such patients with serious mental health issues, like schizophrenia, bipolar or severe anxiety, require frequent contact/visits to assure adherence to the medications which enable them to function. Their care costs will climb if they are denied a service which helps them stay out of the hospital, work and function in the community. This proposal is "penny wise and pound foolish," and also likely to provoke law suits based on discrimination, which will also cost NH taxpayers more money than would be saved.

I appreciate your responses as to the data or thinking behind this legislation.

Respectfully,
Ken Dolkart MD

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Megan Coleman
Sent: Friday, January 29, 2021 5:34:44 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Hello

As a NH citizen who lives in a rural part of the state, and as a librarian, I am opposed to HB602. If passed, this bill would disportionately affect those in the rural areas of our state, the elderly, the poor, the working poor, and those without high-speed internet or up to date technology skills. It is easy to forget in these Zoom-heavy, pandemic times that not everyone has the ability to visit a doctor via telemedicine with video. Not everyone in our state has access to high speed internet, whether that is due to where their home is located and/or due to cost. Not everyone has great cell phone coverage at their home, so even having a data plan on a smartphone (I am making an assumption that they have and know how to use this technology) isn't a promise that one will have a strong enough signal to successfully video chat. As alluded to in the last sentence, not everyone is tech savvy or has equipment that can handle video telemedicine. This bill would do a disservice by restricting access to medical care, which seems especially cruel as we are still in a pandemic.

Megan Coleman
Charlestown, NH

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Barbara Cormier
Sent: Friday, January 29, 2021 10:39:49 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Dear Committee Members,

I write today to voice **strong opposition** to the language changes in HB602. These changes would dramatically limit access to care for some of our most vulnerable populations, the individuals with mental illness and the elderly. Many of these individuals have limited resources and may not have access to the technology to engage in "zoom" type consultations. Other individuals live in areas where there is limited access to the internet, leaving telephone communication as the only option.

The added financial burden for services not being covered with parity would leave these populations unable/unwilling to access services virtually. Sadly many of these services have been already curtailed by the Covid-19 pandemic. To further limit access to care for this population can only have catastrophic outcomes. For some of these individuals, these services are a lifeline. Please do not cut that lifeline. The push to cut benefits is clearly a financial one for the insurance companies. The human cost should this legislation be enacted surely outweighs any benefit to the insurance companies. I thank you for your consideration in this matter.

Respectfully submitted,
Barbara Cormier
368 Young Rd.
Barrington NH 03825

Barbara Cormier MSN-Ed, RN CNE
Professor of Nursing
Office: (603) 206-8068 **|** Cell: (603) 781-5117
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(603) 206-8000 | **www.mccnh.edu**

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Katrin Tchana
Sent: Friday, January 29, 2021 10:12:15 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Here is my written testimony as to why I oppose this bill:

I am a Licensed Social Worker in NH providing individual therapy to NH residents in my work at a hospital and also through work at a large mental health agency in the Upper Valley.
If we are no longer able to provide audio only services and/or if Telehealth services are no longer reimbursed at an equivalent rate, many elderly people and people with lack of access to transportation and/or internet services will no longer be able to receive mental health services.
There is currently a severe shortage of providers of mental health services in this region. This bill will not impact my personal financial well being. What it will mean is that the agencies that I work for will no longer be able to offer services to citizens of this state who are already isolated and at risk. This is unfair and dangerous. We should not prioritize the interest of insurance companies over the interests of our citizens.

Sincerely,
Katrin Tchana

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Liane Tobin
Sent: Friday, January 29, 2021 9:12:20 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Telehealth has become a vital part of healthcare today it is allowing us to reach patients that otherwise would go without care. A lot of these patients utilizing these system are not able to come in for visits and do not video capability by shutting it down you are effectively denying care for individuals that have no other means to receive care. The whole purpose of this option was to reach patients and provide care and direction for those that struggle and continue to struggle during this pandemic and on a regular basis. We now have an ability to reach people and provide care and intervene before a crisis arises, I implore you to reconsider your decision and think of the many patients that are getting care and support that they never had prior.

Liane Tobin CMA (AAMA)
Integrated Center for Health
Riverbend CMHC
10 West Street
Box 2032
Concord NH 03301

Phone 603-225-0123
Fax 603-226-7565

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: sagesb
Sent: Friday, January 29, 2021 12:55:32 AM
To: ~House Health Human Services and Elderly Affairs
Subject: hb602
Importance: Normal

I oppose this bill as it will greatly affect our ability to sustainably be able to care for people who are affected by covid as well as having their own mental health issues and to be able to help keep the mental health population down in the emergency room and for hospitalizations. Also, opening up agencies and practices to seeing people in person with covid 19 on the rise causes unnecessary exposure and risk.

Sincerely,

Sheryl L. Reasoner LCMHC, MLADC
Mental Health representative for the NH Board of Mental Health

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Amy Keesee
Sent: Thursday, January 28, 2021 9:19:57 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

I am writing to oppose HB602. I have two kids that have been diagnosed with autism spectrum disorder and teletherapy and telehealth visits have been critical for us to continue to get the necessary care. While some of the therapy visits are in person, when we have to quarantine due to travel or an exposure by one of the kids at school, we are still able to get some services. We also have been able to continue to be seen by our developmental pediatrician in Boston. The pandemic is not over and it would be detrimental to lose access to telehealth services.
Amy Keesee
Madbury, NH

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Abigail Trnovsky
Sent: Wednesday, January 27, 2021 11:01:19 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

After reviewing this bill, I believe that it is fair to conclude that it intends to communicate to the clinicians and agencies in NH that they are **not** valued to the representatives who sponsored this bill and to those members who intend to vote in favor of passing it. Providing comprehensive and effective behavioral health services is one of the most cost effective ways to protect individuals, families, companies and society at large from the devastating effects of stress. To suggest that providers who provide alternative ways to access these services to individuals who lack transportation, have compromised immune systems, live in rural areas of the state, have inflexible schedules or lack childcare services (just to name a few reason why people choose telehealth services) deserve to be reimbursed **less** for creating **more** access absolutely does not make sense and is insulting. The fact that this bill is being presented during a GLOBAL PANDEMIC leaves me in a state of confusion and great sadness. Throughout this pandemic, I utilized telehealth services to put my client's care first. I was forced to work outside of my normal work hours, utilizing nights and weekends to meet my client's unique needs as they struggled to adjust to isolation, fear and confusion. I had to seek additional training and education to provide the best, evidence based, interventions via telehealth and over the telephone to ensure that my client's needs were met. Providing telehealth services, and getting paid at my usual and customary rate, allowed me to work from home while homeschooling my children and engaging in the self care I needed to manage my family's, and my own, mental health needs related to the pandemic. I did not cancel appointments, ignore emails, or miss crisis calls. I scheduled appointments outside of my normal business hours, working nights and weekends to be there for my clients. I worked hard to keep them stable, responding to their increased need due to the acuity of their symptoms due to unprecedented stress. For this, I am shown exactly how my dedication to my clients is appreciated by some members of society who have the ignorance, or malice, to suggest that I deserve to get paid less for doing more.
Without the option to provide telehealth services I would not have been able to sustain my practice while attending to my families needs. In the last 2 weeks, I have received over 20 inquiries for therapy. These are parents, teens, college students, adults and elderly individuals who are desperate for care. I am not the first person they have called. Many say they have called dozens of providers and have not even heard back. This is not because providers don't care, it is because the need is more that we can handle. We need policies that will attract providers to this area and encourage students to follow educational paths to enter into the field. As other states open up telehealth laws, NH stands to lose providers who can easily get licensed in other states and provide telehealth services, while getting reimbursed at rates that are not only fair, but communicate a deep respect for the value of our services. We do NOT need another policy communicating that behavioral health services are not worth reimbursing at standard rate. Please do not pass this bill.
Respectfully,
Abigail Trnovsky

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Lisa Donnellan
Sent: Wednesday, January 27, 2021 7:41:41 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

To Whom It May concern:

I write to you today to oppose the passage of HB602 for a number of reasons.

I am a licensed independent clinical social worker here in NH who provides care focused on the needs of our older citizens. As such, I frequently encounter clients who lack the technology and skills to use them that would allow them to benefit from telehealth that requires both audio and visual contact. Many of these residents remain isolated with the ongoing pandemic. Even if they do have internet services at home, connections from remote areas are not always reliable. Additionally, by being able to offer telehealth services, I am able to reach those needing services who may live in rural and remote parts of the state who might not otherwise receive care due to the severe shortage of behavioral health professionals in our state.

I am a small business in this state that would be negatively impacted by this alteration of the current regulation. Because I work with a frail, at-risk population, I have not been able to safely offer in person services for quite some time. The loss of this business could well put me out of business. NH's behavioral health services a thin and stretched to a breaking point.

Please reject HB602.

Sincerely
Lisa Donnellan
603-686-6279

Sent from my iPad

Archived: Wednesday, March 17, 2021 1:12:28 PM
From: Linda Paris
Sent: Saturday, March 6, 2021 10:39:21 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Many practioners now can see indivuals that need mental health care where otherwise would not be able to. People can find time even if they are working and it allows flexibility in appointments and they don't need to find transportation and parking. Our governor made this process easier. Practioners are available more often from home and can stick in the appointment easier than being in an office. I have found this so true. Therapists can see people thru telehealth that are even not financially unable. You may have therapists closing their doors NH has lack of care for our mentally disturbed people even ones with no money whatsoever. The therapist deserve whatever funds they receive from this process. Please vote no to help already fragile NH Mental Health system functioning. Telehealth has been a God send for me at age 72 they are there when I need them don't change the system if its working.

Sent from Mail for Windows 10

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Diane Roston
Sent: Friday, January 29, 2021 11:54:09 AM
To: ~House Health Human Services and Elderly Affairs
Cc: Diane Roston; David Celone
Subject: I oppose HB602.
Importance: Normal

Dear committee,

I am Diane Roston, MD, medical director of West Central Behavioral Health, a community mental health center with offices in Lebanon, Claremont, and Newport.

I have been providing telehealth services to citizens who have chronic mental illness since the pandemic began. I have found that up to 1/3 or more of my patients currently meet with me by telephone rather than video. This is particularly true of the elderly, very poor, and very rural, who are more likely to lack the Wifi connection, technology, or knowledge that are needed to conduct remote appointments by video.

To close out the option of audio only services is to stop care for our most vulnerable. Why would we do that?

Please vote this bill down!

Sincerely,

Diane Roston, M.D.
Medical Director
West Central Behavioral Health

Archived: Wednesday, March 17, 2021 1:12:30 PM
From: Yara Henninger
Sent: Sunday, January 31, 2021 7:44:45 AM
To: ~House Health Human Services and Elderly Affairs
Subject: In regards to HB602
Importance: Normal

To the Committee House of Health, Human Services and Elderly Affairs,

Though I speak for myself, I would argue that most medical providers (and patients) would also oppose HB602's plan to limit telehealth services and oppose removing the telehealth parity to in-person visits.

Below are the list of benefits of telehealth, including keeping parity to in-person:

- If telehealth, including video chat and audio-only, does not maintain parity with in-person visits, providers and healthcare agencies will not use this service. Therefore, parity must remain.
- Patients with childcare issues, transportation issues, disabilities, etc can continue to receive services without these listed barriers. Especially by being able to access outpatient care more easily, this decreases the already overwhelmed hospitals.
- Patients are also more likely to attend telehealth visits, given the decrease in no-shows.
- Audio-only telehealth calls must also remain as parity to video chat services, given some people's limited access to technology. Hopefully with an increase in broadband, more people can be able to use video chat. Until then, the disadvantaged (including elderly) will continue to be far more limited from lack of access.
- There are arguments to make that health insurance companies save money when patients use telehealth services. For example, they don't have to pay for transportation for patients to get to their doctor and nurse practitioner's appointments. Patients in some cases can take some of their own vitals like blood pressure and heart rate. With an increase in health care tech, their can be more that is done at home.
- The field of mental health has greatly benefited from telehealth in particular, as telehealth is very conducive for services that don't require a physical exam. Given that the state of NH is in great need of additional mental health and substance abuse services, telehealth services allows for more people to be reached. Psych providers are able to offer the exact same service including assessment, diagnosing, prescribing and therapy.
- There are several studies showing that both patients and providers find that telehealth calls can be just as effective as in-person.

Of course not all services can be conducted by telehealth. But by keeping telehealth in parity with in-person visits (including both audio-only and video chat), patients will have the option to utilize this service.

If there are any questions, please feel free to contact me. I would have liked to talk on Tuesday, however, I will be working.

Kind regards,
Yara Henninger

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Normand Houle
Sent: Tuesday, March 2, 2021 10:22:54 AM
To: ~House Health Human Services and Elderly Affairs
Subject: NH House Remote Testify: 10:00 am - HB602 in House Health, Human Services and Elderly Affairs
Importance: Normal

I oppose this bill as proposed; more specifically, I oppose striking the words of the current law in every place the strikes appear.

Telemedicine during the pandemic has been more than a convenience. For those who cannot easily travel to a provider's office I believe it has been a "life line." Both my wife and I have (and still are) benefited from telemedicine by removing the need to travel to an office. The quality of the service has not degraded one iota.

Reimbursement should be on the same basis as in-person Medicaid coverage. "Be no greater than" allows the rate to be much less than the in-person rate.

I endorse the words "on the same basis." The only change I would be willing to consider is to use those exact words wherever "not be less" and "be no greater than" appear.

Normand A. Houle
New Castle

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Roni Hardy
Sent: Thursday, March 4, 2021 9:58:28 AM
To: ~House Health Human Services and Elderly Affairs
Subject: NH House Remote Testify: 10:00 am - HB602 in House Health, Human Services and Elderly Affairs
Importance: Normal

I am a psychotherapist, practicing at Capital Valley Counseling in Concord. Since the pandemic began, my colleagues and I have been practicing via telehealth, and have found it most helpful. There is no shortage of people seeking mental health services at this time and we are turning away 7-10 people a day because we are swamped. Clients have benefited from the convenience and access that telehealth provides. Clients are receiving the same quality care and it has cut down on cancellations due to weather and sickness.

If the reimbursement is not the same as in-office services, I would not be able to afford to continue to offer it and I would probably have to find a way to supplement my income. I might be forced to open up my office and most of my clients are not willing to be seen in person during this pandemic. I have a few clients who do not have access to a camera and prefer to speak on the phone. When the governor passed the original bill making these changes permanent, it caused a sigh of relief among clinicians and clients. Changing that now does not make any sense.

Thank you.

Veronica Hardy, LCMHC
Capital Valley Counseling Associates, LLC

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Pamela Henry Kodal
Sent: Saturday, January 30, 2021 10:32:31 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Oppose HB602
Importance: Normal

Please do not pass the ill conceived HB602 that is seeking to limit mental health services by lowering or denying the remuneration for telehealth visits by insurance companies.

During this pandemic, the need for mental health visits is soaring. Many people are not safe to attend an in person session for a variety of reasons. Trying to talk with a mask on, and to sanitize every surface of your office is not reasonable for many providers. The anxiety level many patients exhibit about getting COVID -19 is reasonable and should be taken seriously.

I imagine this bill is driven by the insurance industry and that saving money is the goal. This not only seems greedy but goes against the ethics of taking care of our community during a crisis that licensed mental health practitioners subscribe to.

Please oppose this bill. Take care of your constituents.

Thank you kindly for taking the time to read this.

Pamela Henry Kodal

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Bethany Hardy
Sent: Friday, January 29, 2021 8:27:16 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Oppose HB602
Importance: Normal

Dear Representatives:

I am a mental health counselor who works in private practice in Laconia. I am asking that you OPPOSE HB602, a bill that would be detrimental to both mental health and substance use treatment access as well as to the economic impact to many mental health and substance use practices and businesses.

Telehealth has not only allowed access to treatment during COVID, it has become an alternative to in-office appointments that many of my patients appreciate and will choose even after the pandemic. Missed sessions have lessened because of the ability to offer choice to patients rather than restrictions. Limiting or losing access to treatment will ultimately result in increased costs either through emergency services or more intensive services, both now during the pandemic and after.

As a business owner, if telehealth is no longer paid at parity with in-office services, this economic impact will result in struggling to pay bills which would in essence cause me to have to consider closing my private practice. The service that is provided is the same regardless of whether it is in-person or through telehealth. There are still the same costs for overhead as my practice offers both in-office and telehealth options since telehealth is not appropriate for every patient. There is already a healthcare workforce shortage in New Hampshire. Reducing the income of clinicians when low reimbursement rates are already one main reason for the workforce shortage is not in the best interest of the citizens of New Hampshire. This also will reduce access to care which only increases healthcare costs in the long run.

Thank you for your time and for your service to the citizens of New Hampshire. Please OPPOSE HB602.

Bethany Hardy

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Becky Parton
Sent: Thursday, January 28, 2021 9:25:15 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Oppose HB602
Importance: Normal

I am writing in opposition to HB602, being heard on February 2 at 9:30 AM, under the Health, Human Services and Elderly Affairs committee.

I oppose this bill because it would be backsliding from progress made due to the pandemic. Telehealth is an important service that can be provided now during the pandemic, but also post-pandemic. It has been extremely beneficial for clients who can't safely get to the office, and post-pandemic it will help with access to care. There are increasing needs for mental health services (and physical health as well) and when the immediate threat of Covid is gone, the need for mental health care will not be. Covid has increased social isolation which has long term mental and physical health impacts, which will not dissipate when people are allowed to gather safely again.

In addition, allowing audio only telehealth has been a crucial service for older adults who don't have access to video technology or the internet. Many older clients cannot participate in their health care unless it is audio only. In addition, I have heard of teenagers who requested a session to be audio only for comfort (not having to look at the clinician directly in the face while being vulnerable, which is an age appropriate response). Telehealth has also benefited clients of all ages who don't have access to reliable transportation. Clients who normally would have difficulty getting to their health care providers office have been able to join telehealth sessions, reducing the need for public transportation (not as available or safe right now), finding a ride, or making sure their own transportation is reliable. It can sometimes also reduce the burden of finding childcare for those with young (and even school age) children.

Changing the language in current law to allow insurance companies to reimburse at lower rates would be disastrous. Insurance companies are already difficult to work with and are looking for any excuse to reimburse less or deny claims. It is imperative that we hold telehealth to the same standard as traditional care, and recognize that it is literally saving lives. We should reimburse clinicians the same for their time as they are putting in the same effort and time when providing services by telehealth.

Many mental health clinicians are small business owners. They rely on consistent income from insurance companies in order to thrive and remain tax paying citizens of New Hampshire. It does not benefit anyone (other than insurance companies) to reduce the reimbursement rates when individuals are still receiving high quality services by telehealth.

Lastly, providing high quality services now will reduce the cost and burden on the tax payer later if someone has a crisis or needs a higher level of care because they didn't get treatment. Allowing telehealth to continue, including audio only, and reimbursing at a fair market rate, is the right thing to do. I urge you to vote no on this bill.

Thank you,
Becky Parton

Archived: Wednesday, March 17, 2021 1:12:28 PM
From: Teresa Johnson
Sent: Monday, March 8, 2021 12:32:51 AM
To: ~House Health Human Services and Elderly Affairs
Subject: oppose HB602
Importance: Normal

Dear Members of the Health, Human Services and Elderly Affairs Committee,

I am a licensed psychologist licensed in NH, and I provide services in private practice entirely through telehealth. The amendment 2021-0205h for HB602 does not improve the original HB602 and will have a significant negative impact on New Hampshire citizens during both a workforce shortage and a mental health crisis. This bill not only does not make sense from a well-being perspective for residents, it is also well-documented that untreated psychological disorders have significant economic costs. Citizens of NH deserve to access the care they need in the way that best suits their individual needs as determined by the patient and the provider.

Telehealth, including audio-only, has been critical to serving the mental health and substance use needs of NH residents. The overwhelming support of last year's HB1623 indicates that both patients and providers want and need regulations that clearly state audio-only is reimbursed. The wording in this amendment is vague whereas the original wording of "audio-only" was clear that audio-only would be reimbursed. Several of my current clients choose audio-only sessions due to having poor internet connections in their homes because they live in rural areas of the state, and they rely on insurance companies making their healthcare affordable and accessible.

Thank you for your service to the citizens of NH and for your consideration. Please oppose HB602.

--
In gratitude,

Teresa Johnson, Ph.D.
Licensed Psychologist
NH 1265

(603) 865-1934
http://drteresajohnson.com

All sessions are remote either by phone or via Zoom

Archived: Wednesday, March 17, 2021 1:12:30 PM
From: martha.maki@gmail.com
Sent: Sunday, January 31, 2021 8:49:01 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposed to HB602
Importance: Normal

Dear Committee,
I am writing to express my opposition to HB602. My daughter has received counseling this year for an eating disorder entirely via remote visits. These sessions were extremely effective for her and her health is much improved. The only frustration has been the billing. It is already difficult enough for mental health providers to deal with insurance companies and be fairly compensated for their work. Their work is just as important and effective whether delivered in person or remotely and should be compensated at the same rate. In a pandemic environment, and beyond, it is important to maintain access to remote visits and compensate providers fairly.
Thank you,
Martha Maki
Claremont NH

Archived: Wednesday, March 17, 2021 1:12:30 PM
From: Amy Metcalf
Sent: Sunday, January 31, 2021 10:40:06 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to HB602
Importance: Normal

Testimony

I am writing in opposition to bill HB602.

I am a Psychiatric Nurse Practitioner who sees patients for psychotherapy and medication management. I see a wide range of age groups and people from various geographic locations. I meet with patients in person, virtually, and on the telephone, depending on their comfort and what is available to the patient.

My experience has been that the use of the telephone has been essential for the treatment of some individuals, especially the elderly population. Many patients do not have access to a computer or they have a computer without a camera. Many do not have a good internet connection or are not able to connect virtually. I have found that being able to meet with patients virtually and by phone, has increased attendance and greatly improved treatment outcomes. Patients have had reduced acuity since they are keeping their appointments, which reduces emergency costs and hospitalizations.. Those that were not able to make sessions in person due to depression, illness, finances for gas, time away from work or home, or weather, have been able to attend appointments without interruption. With the availability of telehealth I have been able to reach patients in rural communities who otherwise would not have access to mental health care.

The elimination of the ability to meet with patients virtually and on the phone, will greatly impact treatment, increase acute care including hospitalizations and emergency visits, reduce pt.'s ability to return to work, and prohibit patients from reaching their optimal level of functioning. It is in the best interest of our society both humanly and economically, to continue to offer telehealth, including telephone calls, as a treatment modality.

Thank you for reading my testimony in opposition to HB602.

Sincerely,
Amy Metcalf, APRN
Warren Street Family Counseling Associates

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Nichols, Ann
Sent: Friday, January 29, 2021 6:32:56 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to HB602
Importance: Normal

This bill will dismantle parts of last year's telehealth law (HB 1623); as a community mental health center in NH, it eliminates our ability to use telephone contact as a tele service. As a rural community mental health center serving a large population of Medicaid recipients, we know that access to internet service (such as limited access to broadband in rural areas of the state) and limitations in the ability of patients to afford required technology creates great barriers for moving forward in this COVID environment and beyond. The phone is often the only way we can stay connected and keep patients engaged in their treatment. We cannot afford to shut down this important tool to care for our patients.
I strongly urge you to oppose this bill.

Ann E Nichols
Director of Development & Public Relations

Lakes Region Mental Health Center
40 Beacon Street East, Laconia, NH 03246
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Visit us on the web, Facebook, Twitter, and YouTube

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: JULIA BURDICK
Sent: Tuesday, February 2, 2021 9:24:07 AM
To: ~House Health Human Services and Elderly Affairs
Subject: opposition to HB602
Importance: Normal

As an internal medicine primary care physician who has practiced in Concord since 1999, I am writing in opposition to HB602 which would remove the audio only telehealth visit and allow insurance companies to reimburse at a lower rate video telehealth visits. These types of visits are extremely valuable in providing care to patients who are most vulnerable to serious physical and emotional illness. There are extraordinary barriers to adequate and equitable health care in our state - these include the large number of rural communities without local health clinics, lack of robust public transportation , and the large number of aging persons in the population. The ability to provide high level health care by treating physicians, ARNP's and associate providers as well as mental health workers was greatly enhanced by adequate reimbursement for both telephone and video telehealth visits. In the past providers have been prohibited from spending time serving patients due to lack of reimbursement. In our busy health care environment providers do not have time or resources to provide time to patients for "free" and in unscheduled patient care time. if we want a healthy population we need a nimble health care delivery system that allows for flexibility in providing patient care by methods that have been proven to be evidenced based and safe. The time taken for telehealth visits in regards to face to face time, review of medical records and complex decision making are equivalent to the traditional in office visits and deserve equitable reimbursement.

Sincerely,

Julia Burdick MD
Hopkinton, NH

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Robert Dumond
Sent: Tuesday, February 2, 2021 3:18:13 PM
To: ~House Health Human Services and Elderly Affairs; Robert Dumond; socallaghan@gatewayscs.org
Subject: Opposition to Proposed changes in language for reimbursement for telemental health in HB602
Importance: Normal

To Whom It May Concern,

I am a mental health professional with significant experience in telemental health and over 50 years of experience in providing clinical mental health care and I oppose the restrictions of this legislation in HB602 as ill conceived and significantly debilitating to the provisions of mental health care to consumers. Mental health care is critical to this population and such restrictions would significantly inhibit care.

I strongly oppose this language and would be willing to testify on behalf of this as well. Mental health care is a critical need, especially during this time of covid-19. Restricting access to counseling and therapeutic support creates significant impediments to care, and exacerbates the trauma that many New Hampshire citizens are already experience.

It is my hope that the Committee will re-examine its position in this regard, as this language will most certainly create more human suffering for New Hampshire citizens, particularly those who are struggling with mental health and other related issues.

Thanks for your understanding and support. As previously noted, I would be most willing to testify and provide my comments in person to the committee.

Respectfully,

Robert W. Dumond, LCMHC, CCMHC, Diplomate Clinical Forensic Counseling
61 West Shore Road
Bristol, NH 03222-3731
Phone: (603) 438-6767
Email: rwdumond@aol.com

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Hadassah Ramsay
Sent: Tuesday, February 2, 2021 6:05:19 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Please OPPOSE HB602
Importance: Normal

Dear Committee Members :

I am a clinical psychologist who maintains a private practice, on the Seacoast, serving adolescents and adults in Durham, NH. I am asking that you OPPOSE HB602, a bill that would be detrimental to both mental health and substance use treatment access as well as to the economic impact to many mental health and substance use practices and businesses.

Impact of loss of audio-only treatment coverage:

Telehealth has not only allowed access to treatment during COVID, it has become an alternative to in-office appointments that many of my patients appreciate and will choose, even after the pandemic. Not all my patients have reliable internet access, particularly older, rural, and underserved populations, and rely on services being delivered through an audio only option. Even typically reliable internet connection hasn't always been reliable, so patients have been able to continue treatment on those days when the video connection hasn't worked. Missed sessions have lessened because of the ability to offer choice to patients rather than restrictions. Limiting or losing access to treatment will ultimately result in increased costs either through emergency services or more intensive services, both now during the pandemic and after.

Impact of loss of parity in reimbursement:

As a business owner, if telehealth is no longer paid at parity with in-office services, this economic impact will result in income which may further result in my no longer being able to offer telehealth as a service to my patients. The service that is provided is the same regardless of whether it is in-person or through telehealth. There are still the same costs for overhead as my practice offers both in-office and telehealth options since telehealth is not appropriate for every patient and even when I provide telehealth, I do so from my office. Telehealth is truly a service to the patient- it does not afford me any convenience. There is already a healthcare workforce shortage in New Hampshire. Reducing the income of clinicians when low reimbursement rates are already one main reason for the workforce shortage is not in the best interest of the citizens of New Hampshire. This also will reduce access to care which only increases healthcare costs in the long run.

Thank you for your time and for your service to the citizens of New Hampshire. Please OPPOSE HB602.

Be well,

Dr. Hadassah Ramsay

--
Hadassah M. Ramsay, Psy.D
www.drhramsay@gmail.com

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Kristen Johnson
Sent: Tuesday, February 2, 2021 11:18:44 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Testimony in HB602
Importance: Normal

Testimony on HB602

Good morning from snowy southern NH! My name is Dr Kristen Johnson and I am speaking as a resident of Newfields and as a practicing, board-certified pediatrician from Exeter. I have spoken to this committee in the past on issues of telemedicine, most recently on expanding the definition of originating sites to include schools. Over the past year, this COVID-19 pandemic has pushed telemedicine into the mainstream as healthcare was forced to use creativity to balance the healthcare needs of our community with the stressors of reducing close contact as a transmission risk factor. For some families with high risk health conditions, this risk reduction has been continuing in dramatic fashion. In addition, we have seen changes in daily routines for adults and children. Students are doing in person, hybrid, and remote learning. Parents are working remotely or are returning to their in-person jobs. The balance has been very difficult for families, including mine, and adding in healthcare has been a challenge. This is true for both routine well and chronic care as well as more urgent and emerging issues. In our practice, we have worked to find a balance of keeping our patients in quarantine while not having them miss out on their medical care. Telemedicine has been a critical part of this. We have had students learning from home and parents back at work in person. A three-way telemedicine visit has provided access to care and participation from all family members involved in the patient‘s care. Children with potential COVID symptoms can be seen from home if otherwise doing well and then be tested without leaving their car, limiting contact with others in our offices as well as adding convenience for parents. Maintaining a healthy staff has been challenging in keeping our healthcare settings open and this format has helped to stabilize the health of our workforce.

Examples of these visits from my practice just yesterday include a family reviewing their child’s anxiety and ADHD management from home since there is an infant in their home with congenital heart disease and they are trying to limit their exposures. A teen with depression who was able to talk to me from their bedroom in a comfortable setting talking about difficult topics. A child met with me from home while the parent was at work. Video was used for the child but mom couldn’t get her video to work and was only available by audio.

This pandemic has brought many awful things but what we have learned in telemedicine is one of the bright spots of learning from this. Today, in this snowstorm, we will have less disruption to the care of our patients as we can keep them off the slippery roads, yet allow them to keep their planned care. While telemedicine is not appropriate for all situations, it has allowed us to be more agile

during this pandemic and to extrapolate that to other situations, including snowstorms, kids and parents in separate locations, poor access to transportation, etc. Payment for telemedicine has been an ongoing challenge until this pandemic accelerated the payment equity in the setting of the state of emergency. The advantages of access to telemedicine are clear in the correct settings and equal payment is critical to supporting this ongoing access. I oppose HB602 changing the payments for these visits. They should continue to follow the standard billing for medical care. The new 2021 billing structure focuses on time spent with patients and on their coordinated care and documentation. This format supports the equal payment for time with less focus on components of a physical exam, further supporting that care is care and that the location of the patient and provider are not as critical in our new understanding of healthcare payments. The previous legislation requiring Medicaid and Medicare to pay has been what passed in previous years and was previous completely not covered. Typically our private insurances follow the trends of the Medicaid and Medicare. My opposition of this bill in its initial and modified form is to maintain that we can continue to move forward with adequate payment for advantageous progress with location of services being irrelevant, rather than guiding, payment. Thank you for your time.

Sent from my iPhone

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Matt Fowler
Sent: Thursday, January 28, 2021 10:45:46 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Testimony in Opposition to HB602
Importance: Normal

See attached.

Testimony in Opposition of HB602

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Best,

Matt Fowler, MS, LMFT
Olde Port Counseling, PLLC
406 The Hill
Portsmouth, NH 03801
(603) 531-8811

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Lily J. Greene
Sent: Wednesday, February 3, 2021 4:18:26 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Testimony on HB602
Importance: Normal

My name is Lily Greene. I am speaking as a medical student at Geisel School of Medicine at Dartmouth and a resident of Wolfeboro, New Hampshire. I have started medical school in the midst of the COVID-19 pandemic, and Telehealth has been an ever present part of our curriculum. While some current medical professionals may have had to rapidly pivot and adapt to the need for telemedicine during the pandemic, myself and my classmates are actively being trained to function most effectively in this new landscape and how to best utilize the flexibility telemedicine provides us—this includes all modalities of video + audio and audio ONLY.

I oppose to bill HB602 l because of the removal of audio-only Medicaid reimbursement in section 2 subsection E. Audio only telemedicine visits are very critical to patient populations without stable internet access or smart phone that cannot use video calling for telemedicine. Patients covered by Medicaid, which this bill would affect, are a population most likely to experience these access issues. Providers offer important care through audio only services like health counseling and follow-ups. Audio-only visits can also provide important screening tools for issues such as mental health, and guidance on navigating social determinants of health.

Providers should be fairly compensated through Medicaid for providing telemedicine services over audio only. Leaving the financial decision of reimbursement up to the insurance carrier will likely lead to lower or complete lack of reimbursement for audio only visits. Lack of compensation for audio-only visits may incentivize providers to not offer telemedicine services to populations without internet or smartphones, which would exacerbate disparities already in place.

Lily Greene
MD Candidate | Class of 2024
Geisel School of Medicine
Pronouns: *she/her/hers*

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Megan Brookman
Sent: Friday, January 29, 2021 10:12:50 AM
To: ~House Health Human Services and Elderly Affairs
Subject: To be read 2/2/21 for HB602
Importance: Normal

Good morning,

My name is Megan Brookman and I am a clinician at Riverbend Community Mental Health in Concord, NH. I am writing to share a brief paragraph I would like to be read at the 9:30 hearing for HB602 on February 2, 2021. I am unable to come in person and would appreciate if this can be read.

I am opposing bill HB602 because the bill will dramatically reduce already stretched thin mental health services for clients during an unprecedented mentally impactful time. Providing therapy both in audio and video format has increased the number of clients able to get help, as many of my clients do not have transportation at this time or access to video. The requirements for my job are not different than doing in person therapy, as I must still have a private place, I am still bound to confidentality laws, I must still work towards or maintain my licensure, and I still strive to provide the utmost quality of care to each client. My clients also continue to work incredibly hard and their progress has not changed because of telehealth. In fact, it has overall improved because therapy is now more accessible than ever. Clients have shared that they feel safer doing therapy over audio or video telehealth, and dramatically changing the reimbursement rates for these services will undoubtedly have an impact not only on client and clinician mental health, but unnecessarily prioritizing in person therapy during this time will cause safety concerns and possible exposure incidents to interrupt therapy scheduling and environment. Furthermore, access to mental health services now will decrease the future costs related to those who provide more intensive services. Lastly, clients without reliable internet connection and older clients who struggle to comfortably and safely make in person appointments or access transportation will see their services greatly reduced if this bill is passed. I hope you will consider opposing this bill.

Thank you,
Megan Brookman

Megan Brookman
Pronouns: She, her, hers
CSP Clinician
603-225-0123 ext. 5153

Archived: Wednesday, March 17, 2021 1:12:28 PM
From: Natasha Haughton
Sent: Monday, March 8, 2021 7:17:39 AM
To: ~House Health Human Services and Elderly Affairs
Subject: [CAUTION: SUSPECT SENDER] NH House Remote Testify: 10:00 am - HB602 in House Health, Human Services and Elderly Affairs
Importance: Normal

Dear Representatives

I am a psychologist practicing in a private practice in Merrimack and Bedford. I provide services to adolescents through to senior citizens. The amendment 2021-0205h for HB602 does not improve the original HB602 and will have a significant negative impact on New Hampshire citizens during both a workforce shortage and a mental health crisis.

This bill not only does not make sense from a well-being perspective for residents, it is also well-documented that untreated psychological disorders have significant economic costs. Citizens of NH deserve to access the care they need in the way that best suits their individual needs as determined by the patient and the provider.

Telehealth, including audio-only, has been critical to serving the mental health and substance use needs of NH residents. There have been many times over the past year where it's been necessary to have audio only calls with clients due to internet problems, seniors not having access to video equipment, or clients not feeling safe or comfortable to do a video session for example.

The overwhelming support of last year's HB1623 indicates that both patients and providers want and need regulations that clearly state audio-only is reimbursed. The wording in this amendment is vague whereas the original wording of "audio-only" (striked out) was clear that audio-only would be reimbursed. 73% of provider respondents to New Hampshire Psychological Association's survey use audio-only services due to patient lack of high-speed internet or difficulties with internet connection.

As a business owner, regulating parity of reimbursement is critical. It is critical for my income stream. Removing audio only will mean that certain clients, including the most vulnerable, are not able to access therapy. It will mean that in this pandemic world, health disparities will increase because those without access to certain equipment will not receive services. It will mean that at times when the internet is down, people will not receive care. Further, it is disrespectful to the challenging and legitimate work that we do as therapists to have this work be discounted or excluded.

Thank you for your service to the citizens of NH and for your consideration. Please oppose HB602.

Please excuse the brevity of this message, it was sent from my iPhone.

Natasha Haughton, PhD
Clinical Psychologist
P| 603-505-6687
F| 603-505-4540

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Ozgur Akbas
Sent: Saturday, January 30, 2021 11:52:30 AM
To: ~House Health Human Services and Elderly Affairs
Subject: A plea from a practitioner re: HB602
Importance: Normal

Dear Committee Members,

I am a LiceneMarriage and Family Therapist who works in private practice in Dover. I primarily work with trauma survivors, including veterans and first responders and people struggling with crippling OCD symptoms and substance abuse. I also specialize in treating problematic screen use, including pornography and gaming addictions. I am asking that you OPPOSE HB602, a bill that would be detrimental to both mental health and substance use treatment access as well as to the economic impact on many mental health and substance use practices and businesses.

Telehealth has not only allowed access to treatment during COVID, it has become an alternative to in-office appointments that many of my patients appreciate and will choose even after the pandemic. Not all my patients have reliable internet access, particularly underserved populations. Since the pandemic, even patients with reliable internet connections at times ran into serious connectivity issues due to the heavy demand on the internet infrastructure. During such days, patients have been able to continue treatment using audio-only, when the video connection hasn't worked. Missed sessions have lessened because of the ability to offer choice to patients rather than restrictions. Limiting or losing access to treatment will ultimately result in increased costs either through emergency services or more intensive services, both now during the pandemic and after.

As a business owner, if telehealth is no longer paid at parity with in-office services, this economic impact will result in a crippling income loss. As a small business owner, I cannot afford to lose a big portion of my income, especially in the middle of a pandemic. The service that is provided is the same regardless of whether it is in-person or through telehealth. There are still the same costs for overhead, as many of us still maintain a physical office location to provide appropriate privacy for telehealth sessions. There is already a healthcare workforce shortage in New Hampshire. Reducing the income of clinicians when low reimbursement rates are already one main reason for the workforce shortage is not in the best interest of the citizens of New Hampshire. This also will reduce access to care which only increases healthcare costs in the long run.

Thank you for your time and for your service to the citizens of New Hampshire. Please OPPOSE HB602.

Sincerely,

Oz Akbas

Ozgur Akbas, LMFT
2 Washington Street

Suite 305
Dover, NH, 03820
(603) 932-6473

Office Hrs: Mon-Thu: 7:30am-5pm

Archived: Wednesday, March 17, 2021 1:12:30 PM
From: Heidi Page
Sent: Monday, February 1, 2021 8:40:18 AM
To: ~House Health Human Services and Elderly Affairs
Subject: RE: HB602 - Hearing 2-2-21
Importance: Normal

Dear HHSEA Committee,
I am writing on behalf of Clinicians United NH to OPPOSE HB602, the bill intended to undo the telehealth progress that has been made over the past year. In my opinion, it is **unethical** to delete audio as a means of communication between doctors and their patients. Secondly, clinicians' rate of reimbursement should remain the same for telehealth as in person visits since the practitioner's care and amount of time spent with the patient is the same.

I have an outpatient mental health counseling practice in Concord, and my home is Hillsborough. I have been practicing in the state for over 20 years. This past year was a test unlike any other for our state, including providing needed mental health services to individuals and families from afar. I'm proud that our legislature and Governor moved quickly to enact legislation to ensure that all citizens have coverage by their health insurance to access telehealth (a.k.a teletherapy, telemedicine), which includes video or audio access to health care providers. Additionally, the legislation righted a wrong, namely directing health insurers to reimburse doctors and clinicians at the same rate as an in-person visit for their health.

HB602 aims to undo the **audio** portion of telehealth. In my strong opinion, restricting audio is **unethical.** Video counseling for patients is a pragmatic and helpful tool for continuing patient care, however, some sessions can be interrupted by poor internet quality on either participants side, by either loss of audio or visual or both. When this occurs in the course of a video session *it is imperative* that we switch to audio by use of a phone call. Additionally,
some of our citizens, especially elderly, do not either have access to computer video, or are not comfortable using it.

In regard to portions of HB602 that would *decrease* practitioners pay per patient visit for providing telehealth versus in-person sessions, I oppose this for the many reasons. First, lower insurance reimbursement for telehealth has no rationale. If I schedule a 60-minute session with a patient, my time is blocked out for that patient, and that patient gets all of my attention, whether in-person or via telehealth.

The only possible rationale I have heard for lower telehealth reimbursement by insurances is that "there is lower overhead." That is simply not true. I can be in my office and see 3 in-person patients, and 3 telehealth patients on the same day. How is my overhead "less?" In fact, it's more because I am paying for a telehealth platform, as well as a HIPPA compliant form sharing platform for patients.

I urge you to OPPOSE this bill and thank you for your time and consideration.

Be Well,

Heidi Page, MSW, LICSW
www.evolvenh.com

603/716-1282

MEMBER:

"I just want to be happy." - Everyone™

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Samuel Burgess
Sent: Tuesday, February 2, 2021 8:31:07 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602 - Testimony in Opposition
Importance: Normal

Good morning,

As a resident of Nashua and a director for a Family-Centered Early Supports and Services program in the region, I am writing in opposition to the proposed legislation. I offer two succinct points:

1. Family-Centered Early Supports and Services (often referred to as Early Intervention) provides skilled therapeutic services to children ages 0-3 who have been identified as having a significant developmental delay. Among this group are many with underlying medical conditions that make them especially susceptible to complications from illnesses such as COVID-19. The State's early action to ensure equal reimbursement for telehealth services allowed our program to continue providing services as we adapted to a telehealth model of service provision with confidence that our funding model would not collapse.
2. The telehealth model in our program has been successful, aided by the emphasis Family-Centered Early Supports and Services places on coaching parents to ameliorate their abilities to promote development in their everyday routines. In the summer, after developing protocols to ensure consistent safety practices, our program began offering limited in-person options for children who were identified by their therapist as not making good progress toward their developmental goals. The number of children identified by our skilled clinicians was surprisingly low, and even after expanding our criteria to include children identified by their parents as making inadequate progress, currently fewer than 10% of the children in our program are participating in our in-person options.

While I recognize that the proposed legislation does not directly change any rates, it does add uncertainty to the financial fundamentals that underpin an underfunded state program being administered by non-profit organizations across the state.

Respectfully,

Samuel Burgess, MSc, OTR/L
Director, Early Supports and Services
(603) 459 2793

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Darcy Killerby
Sent: Thursday, January 28, 2021 6:57:15 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

To the court,

This policy will make mental health treatment even harder for NH residents to receive during a time of chaos and unknown with the COVID pandemic. Telehealth services not only help bridge the gap for people who struggle to get treatment due to transportation, no child care, busy schedules, and let alone people who don't want to risk their health to be seen in person. If insurance companies aren't willing to reimburse for tele health it will force therapist/clinicians to go back to doing in person therapy only which not only risks the clinicians health but all the clients they see as well leaves a population not served or underserved because they can't get or don't want to risk their physical health to come in and get mental health treatment! COVID has caused a major increase in mental health concerns in all ages, genders, ethnicities, etc in NH and around the US. To pass this Bill will make it harder for clinicians to give treatment and harder for people to get services, it will just continue to put more weight on Emergency Room's and inpatient mental health facilities that are already over run with mental health crisis'. Tele health should be reimbursed the same as in person therapy because we as clinicians are providing the same service and are able to help even more clients in this high demand crisis that is a COVID pandemic.

Thank you,
Darcy Killerby, LICSW
Emergency Services Clinician in NH

Sent from my iPhone

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Kirke Olson
Sent: Friday, January 29, 2021 9:58:21 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602 Oppose
Importance: Normal

Hello

I am a psychologist in private practice who works with disabled clients in community and institutional settings.

It is quite difficult and expensive for my clients to get to my office to meet in person.

It is less expensive for them to meet digitally than to be driven to my office (vehicle expenses as well as paying a staff person to drive them).

Speaking on the telephone, FaceTime, or other Telehealth digital platforms is less expensive for funding sources and improves access for disabled clients.

Insurance only has to pay for the client's time with me. The State of NH has to pay for the staff and the vehicle.

The State of NH saves money by enabling therapy to be delivered by Telehealth and audio.

Kirke Olson, Psy. D.

NH Licensed Psychologist
Nationally Certified School Psychologist
Warren Street Family Counseling Associates, Inc
www.ThePositivityCompany.com
VP GAINS (Global Association of Interpersonal Neurobiology Studies)
Author: *The Invisible Classroom: Relationships, Neuroscience, and Mindfulness in School (WW Norton & Co. New York)*

Archived: Wednesday, March 17, 2021 1:12:31 PM
From: Kirke Olson
Sent: Friday, January 29, 2021 9:59:46 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602 Oppose
Importance: Normal

Hello

I am a psychologist in private practice who works with disabled clients in community and institutional settings.

It is quite difficult and expensive for my clients to get to my office to meet in person.

It is less expensive for them to meet digitally than to be driven to my office (vehicle expenses as well as paying a staff person to drive them).

Speaking on the telephone, FaceTime, or other Telehealth digital platforms is less expensive for funding sources and improves access for disabled clients.

Insurance only has to pay for the client's time with me. The State of NH has to pay for the staff and the vehicle.

The State of NH saves money by enabling therapy to be delivered by Telehealth and audio.

Kirke Olson, Psy. D.

NH Licensed Psychologist
Nationally Certified School Psychologist
Warren Street Family Counseling Associates, Inc
www.ThePositivityCompany.com
VP GAINS (Global Association of Interpersonal Neurobiology Studies)
Author: *The Invisible Classroom: Relationships, Neuroscience, and Mindfulness in School (WW Norton & Co. New York)*

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Michelle Campbell
Sent: Monday, February 1, 2021 8:42:46 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602- Opposition Testimony
Importance: Normal

Hello Committee Members,

I am an Advanced Nurse Practitioner at Elliot Endocrinology Associates. Approximately 75-80% of the patients seen by myself and my fellow providers have diagnoses that are on the list of chronic health conditions that put our patients at risk of serious illness should they contract Covid 19. These chronic illnesses include diabetes, hypertension, obesity, cardiovascular disease and COPD. At least 60% of our patients are over the age of 65 years of age, also putting them in the high risk category.

Standard of care for most of our patients is to have a visit with a provider every 3 months. During the pandemic, it has become challenging for many of our patients to have in person visits. Reasons patients request a telehealth visit include:

- Patient lives in a skilled nursing facility. They have not been allowed to leave the facility during the pandemic.
- Patients have been exposed to Covid 19, have a Covid 19 test result pending, or have a current Covid 19 infection
- Patients and/or their family members have chosen to reduce their exposure to others by staying at home as much as possible.

I usually have 1-4 telehealth visits (audio only or video) out of 12 patients daily. Patients recognize the importance of maintaining contact with their providers to ensure that they receive the care they need for their chronic illnesses. Many of these patients, especially those over 70 years of age, do not have a computer or internet access. This prohibits them from having a telehealth visit via video.

During either form of telehealth visit, audio only or video, our providers strive to give our patients the same care that they receive when they are in our office for an in person visit. For our patients with diabetes, we review lab results, blood sugars, discuss diet, exercise and adjust medications. We provide prescription refills, arrange additional diagnostic evaluation and develop plans of care. The only part of the in person visit we are not able to perform is the physical exam, which during an in person visit takes about 5 minutes.

Our patients are very appreciative that we have been able to continue to provide quality, compassionate care for them during the current pandemic crisis. We recognize the importance of maintaining therapeutic relationships with our patients to prevent the worsening of their chronic conditions putting them at further risk. Patients will need to continue to have options for receiving care until the pandemic subsides and a large majority of the public receive their vaccines.

I ask that you continue to allow telehealth visits, both audio only and video, to be conducted and continue to support their reimbursement at current rates. If the proposed changes are adopted, it will greatly affect the care my organization is able to provide which ultimately only hurts our community members, our families, and our friends.

Sincerely,

Michelle J. Campbell, APRN

603-620-8412

We all are doing the best we can during this unprecedented time. Sent from Mail for Windows 10

Archived: Wednesday, March 17, 2021 1:12:32 PM
From: Diane Fontneau
Sent: Thursday, January 28, 2021 8:32:21 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602 opposition
Importance: Normal

Please DO NOT pass this bill which will create unreasonable barriers to services for those in rural areas, those with children home from school, those without transportation, those who have come to rely on services via telehealth with phone and video.
This is a bad faith bill.

thank you,
Diane Fontneau

Archived: Wednesday, March 17, 2021 1:12:28 PM
From: Silvia von Sacken
Sent: Friday, March 5, 2021 10:43:22 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Dear Chairman Pearson, Vice Chairman Marsh, and HSEA Committee Members,

I am a Licensed Independent Clinical Social Worker practicing for 15 years in Hampstead. I have an outpatient practice serving adolescents, adults and families in the area of general mental health. The amendment 2021-0205h for HB602 does not improve the original HB602 and will have a significant negative impact on New Hampshire citizens during both a workforce shortage and a mental health crisis. Through the use of telehealth, including audio only, none of my clients has had an interruption of their services, and I have been able to safely take new clients who are seeking support during this time.This bill not only does not make immediate sense from a well-being perspective for residents, it is also well-documented that untreated psychological disorders have significant economic costs. Citizens of NH deserve to access the care they need in the way that best suits their individual needs as determined by the patient and the provider.

Telehealth, including audio-only, has been critical to serving the mental health and substance use needs of NH residents. Audio-only has been crucial when working with elderly clients, many of who do not have camera enabled devices. Due to the variability of internet services and performance, audio-only provides a back up solution, should the performance conditions be inadequate for audio+video. The overwhelming support of last year's HB1623 indicates that both patients and providers want and need regulations that clearly state audio-only is reimbursed. 73% of provider respondents to New Hampshire Psychological Association's survey use audio-only services due to patient lack of high-speed internet or difficulties with internet connection. The wording in this amendment is vague whereas the original wording of "audio-only" (now stricken) was clear - that audio-only would be reimbursed.

Lastly, as a small business owner, regulating parity of reimbursement is critical. Without regulation of reimbursement for telehealth, there is a variability in the monthly income stream. I have several fixed monthly costs for HIPAA compliant platforms, have purchased air filters and already invested in telemedicine specific training. As long as telehealth is necessary for the health and safety of NH residents, it retains the same value as in person services. If reimbursement does *not* reflect this value I will have to reconsider my contracts with those insurers. The downstream effect of this is limited access for mental health consumers.

Thank you for your service to the citizens of NH and for your consideration. **Please oppose HB602.**

Sincerely,

Silvia von Sacken, LICSW

cc: Rockingham District 4 Representatives

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Matt Fowler
Sent: Thursday, March 4, 2021 11:51:23 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Dear Representatives,

My name is Matt Fowler and I am a licensed Marriage and Family Therapist in Portsmouth, NH. I am both the owner of a private practice in Portsmouth and the Chair Elect of the New Hampshire Association for Marriage and Family Therapy. I provide services primarily to children and families, but also to adults and couples. The amendment 2021-0205h for HB602 does not improve the original HB602 and will have a significant negative impact on New Hampshire citizens during both a workforce shortage, pandemic, and a mental health crisis. Citizens of New Hampshire deserve to access the care they need in the way that best suits their individual needs as determined by the patient and provider.

Telehealth, including audio-only, has been critical to serving the mental health and substance use needs of NH residents. There are individuals with lower incomes who cannot afford high speed connections or who have unreliable internet or no internet that would be disenfranchised by this change. The overwhelming support of last year's HB1623 indicates that both patients and providers want and need regulation that clearly state audio-only is reimbursed. The wording in this amendment is vague whereas the original wording of "audio-only" (striked out) was clear that audio-only would be reimbursed. 73% of provider respondents to NH Psychological Associations survey use audio-only services due to lack of high-speed internet or difficulties with internet connection.

As a business owner, regulating parity of reimbursement is critical. Insurance companies are agreeing to pay for my service, not the medium in which it is delivered. To my knowledge, there is no study that says audio-only or telehealth is less effective than in person sessions. My services do not change whether it be in person, video, or audio-only. If parity is not guaranteed, I would be forced to make decisions about limiting the use of telehealth practices to keep my doors open, others may leave insurance panels, and access to care would be greatly diminished.

This comes at a time where insurance companies have been scrutinized for low reimbursement and for not having a transparent manner in which they come up with their rates. This amendment also comes at a time where the state is facing a mental health crisis where there are not enough clinicians to service those looking for care. It also comes at a time when the state has faced litigation from the community mental health centers for inadequately funding a system to treat mental illness in the state. To now add a bill that would do further damage to that system seems like a disservice to the citizens of NH.

Respectfully,

Matt Fowler, MS, LMFT
Chair Elect, NHAMFT
Owner/Therapist at Olde Port Counseling, PLLC
--
Best,

Matt Fowler, MS, LMFT
Olde Port Counseling, PLLC
406 The Hill
Portsmouth, NH 03801
(603) 531-8811

EMAIL CONFIDENTIALITY STATEMENT

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: James Harris
Sent: Tuesday, February 2, 2021 8:10:11 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Good afternoon,

I have been practicing as a Family Nurse Practitioner focusing on diabetes, cardiovascular disease, hypertension, along with other chronic disease states for 18 plus years.

Over last 9 plus months we have been performing telehealth visits for patients. I have seen many health improvements from improvements in a1c, renal function, lipid panel, weight loss, and patients being able to come off medications because of improvements.

As the result of increased access to care via Telehealth, I have been able to adjust patients' insulin regimen and improve patients daily blood glucose levels. Patients are more involved in their care. I continue to see patients' overall health and wellbeing continue to improve and patients are feeling better about themselves.

As a result of the many improvements, I am seeing less trips to the emergency rooms and patients are staying out harms way and avoiding exposure to Covid 19 and other possible infections.

Many of my patients do not have the means to have smart phones or internet and ones that have these devices have knowledge deficiencies that hinder their accessibility and create frustrations that diminish the many positive attributes of these virtual visits.

I oppose bill HB602. If this bill is passed all we have gained above will be lost and we will see sicker people in the ER/urgent care being exposed to additional ailments, leading to poor health outcomes, and increased medical health cost.

Thank your for taking the time to read one provider's perspective on this matter. I hope this helps shine a light on what is an essential element of care. Telephonic Telehealth visits are an advancement in accessibility to care, better health outcomes, and essential for those at greatest risk for developing life threatening ailments from virus exposure.

Sincerely,

James Harris, ARNP

Diabetes and lifestyle management, LLC
25 Nashua Rd. unit A1,

Londonderry, New Hampshire NH 03053

Cell phone 603-660-6780

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Susan Wiley
Sent: Monday, February 1, 2021 1:13:07 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Susan Wiley 222 Diamond Ledge Sandwich, NH 03227 seeksusan@myfairpoint.net

February 1, 2021

N.H. Health, Human Services, Elderly Affairs Committee RE: HB602

Dear Honorable Representative:

Having served in N.H. as a social worker, school counselor, coordinator for a senior meals program, and a member of the NH House, I ask you to carefully consider all aspects of the business of telehealth and telemedicine. I join many who support the initiative to provide services to rural NH, especially the disabled and homebound elderly. The exemption of "audio" is of concern. I expect you know the **current** stats on the number of households in northern NH without dependable/adequate internet service.

Please give consideration to the many changing and blended N.H. families/households. The National Institute of Health reports 72% of divorces occur during the first 14 years of marriages. The number of "changing households" and families in transition is ever growing. Children often experience challenging relationships with the adults in the household. As parents, co-parents, stepparents, grandparents, and other short-term partners attempt healthy transitions, many seek the services of mental health and mediation professionals. Seeking medical assistance in the same space with angry, and sometimes toxic household members can be detrimental to transitions and sometimes not permitted by court order. Access by phone/electronic means is a giant step toward resolution.

According to the Center for Disease Control suicide is the third-leading cause of death for 15- to 24-year-olds, many of the suicides being correlated to major family transitions. Quick and easy access to telehealth/telemedicine is truly a life saver!

As you know the Covid virus brings about challenging situations. The fact that telehealth/telemedicine permit providers to meet with clients/patients has become a major boost to health care in N.H.. Health insurance translates to health care and is a major issue for many. It's not all about money; it is also about providing appropriate care in a timely fashion and preventing more serious illness. NH must consider the collosal costs of health care and the complicating factors of health insurance. It is encouraging to see that N.H. (according to U.S.News) is in the top 5 in the country for access to health care. I plea with you to consider the many who **now** have improved access with telehealth and telemedicine and the small businesses who must meet increasing operating costs.

Thank you for your consideration.

Sincerely, Susan E. Wiley

Archived: Wednesday, March 17, 2021 1:12:29 PM
From: Sheila H Gardner, PhD
Sent: Monday, February 1, 2021 11:38:22 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Dear Chairman Pearson and HHS & EA Committee Members:

I am a psychologist, working in private practice in the Seacoast. I am asking that you OPPOSE HB602, a bill that would be detrimental to both mental health and substance use treatment access as well as to the economic impact to many mental health and substance use practices and businesses.

Impact of loss of audio-only treatment coverage:

Telehealth has not only allowed access to treatment during COVID, it has become an alternative to in-office appointments that many of my patients appreciate and will choose even after the pandemic. Not all my patients have reliable internet access, nor the cognitive and technology skills to make use of video-based sessions. For those clients who can effectively make use of video-based sessions, there have been several occasions in the past year when the internet hasn't functioned well and it has been very helpful to be able to switch to phone-based services to maintain the treatment

I've noticed a decrease in the frequency of missed sessions as a result of being able to offer choices for telehealth to my patients rather than restrictions. For example, one of my elderly clients needed to remain at home or at the hospital to care for her ailing spouse but, she also needed continued support and treatment for her anxiety and depression. She was able to continue our sessions because of the flexibility in how we could have them. Limiting or losing access to treatment will ultimately result in increased costs either through emergency services or more intensive services, both during the pandemic and beyond.

Impact of loss of parity in reimbursement:

Most of my clients prefer in office treatment, but we have had to adjust to telehealth in the past year of the pandemic. Maintaining my office space, despite the shift to telehealth, has ensured that I can continue to offer my clients the kind of privacy and confidentiality that is essential to the deeply personal and sensitive work of psychotherapy. I have paid for extra office space for clients to use, who would have otherwise had to cancel sessions or sit in their cars in order to ensure their privacy.

As a small business owner, it is essential that telehealth continue to be paid at parity with in-office service to maintain the access, quality, and privacy of the work. The service I provide is the same regardless of whether it is in-person or through telehealth. There are still the same costs for overhead as my practice offers both in-office and telehealth options since telehealth is not appropriate for every patient.

There is already a healthcare workforce shortage in New Hampshire. Reducing the income of clinicians when low reimbursement rates are already one main reason for the workforce shortage is not in the best interest of the citizens of New Hampshire. This also will reduce access to care which only increases healthcare costs in the long run.

Thank you for your time and for your service to the citizens of New Hampshire. Please OPPOSE HB602.

Sincerely,

Sheila

Sheila H Gardner, PhD

NH Licensed Psychologist, #995

Sent from my iPhone

Archived: Wednesday, March 17, 2021 1:12:30 PM
From: Kevin DiCesare
Sent: Monday, February 1, 2021 8:09:07 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB602
Importance: Normal

Dear Representatives on the Health, Human Services Services, and Elderly Affairs Committee,

I am a NH citizen residing in Bedford. I am also a psychiatrist practicing at Southern New Hampshire Health in Nashua. It recently came to my attention that a new bill, HB602, has been introduced, which, if passed, will remove two essential aspects of the HB1623 bill that was enacted into law last legislative session for which many organizations advocated strongly: parity in reimbursement and audio-only services.

Since last March, when the pandemic began to impact our population, I have been providing psychiatric outpatient care to my patients exclusively using a combination of televideo and telephonic methods of interaction. I have many patients who lack the means needed for televideo visits, and if this bill is passed, it will disenfranchise a large grouping of New Hampshire's population that require mental health services (for example, underserved areas with limited internet access, and elderly who may be uncomfortable navigating a computer, leaving the telephone as their only means of communication). Should reimbursement parity no longer apply, that too would impact the ability of healthcare providers to provide remote care due to the financial impact it would cause.

I am asking for your support to maintain the huge progress we have made with making telehealth services accessible for our citizens, which was long overdue even before the pandemic. The enhancements brought forth by HB1623, which my patients have universally appreciated, should continue to be kept in place on a permanent basis to maintain access to, and the quality of, our healthcare delivery system.

I would be happy to discuss this further if that would be helpful.

Sincerely,

Kevin DiCesare MD
Diplomate of the American Board of Psychiatry and Neurology

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: Sarah Walsh
Sent: Thursday, January 28, 2021 12:35:07 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Bill HB 602
Importance: Normal

To House Members,

I am writing this as a private citizen, but I am also a Child & Adolescent Psychiatrist working in Community Mental Health,who is very afraid of the harm this bill would do. At our CMHC we work with some of the must marginalized and underserved members of our community. We also get a large portion of our funding from Medicaid, which does not reimburse well compared to commercial insurance. Largely related to this, it is hard for us to keep therapists once they get their licenses as they will be much better reimbursed working in schools or private practices, where frankly, the clients are less complicated and often more appreciative.

Most CMHC only have 1-2 offices, which means some clients have to drive over 30 minutes to attend weekly therapy. Others have transportation issues or it's hard for parents to get to appointments after they get out of work. As much as face-to-face therapy has some advantages, some youth are actually engaging better over phone or video than they did in person. They are also missing fewer appointments as sometimes, when they forget, an appointment can still be completed by phone or video when the therapist or MD calls. If telehealth is reimbursed at a lower rate, CMHCs will be forced to encourage more in-person visits to stay afloat, which has always been hardest on those with the fewest resources. If phone visits are re-imbursed at a lower rate then video, again our most vulnerable will be at risk. In the North country and other rural areas, there is not good enough internet to sustain video telehealth. THese clients would be forced to drive further or do phone visits. I cannot count the number of times a family has told me that they understand weekly visits are better, but they don't have the time or money and instead do every other week. By allow equal reimbursement for video or telehealth, we are increasing access for our most vulnerable. Limiting phone visits would hurt our most vulnerable. Currently, most of our patients have viedo-health capable devices through schools, but even with that, he often can't do video-health because the connection is so bad that you can't have a back and forth conversation without freezing and potentially missing clinical information.

If you reduce reimbursement for telehealth services, our most vulnerable citizens will be most at risk. Our youth especially, are struggling with a dual crisis of the pandemic and a mental health crisis. Please do not make it harder for them to access services in whatever way they are able to.

Sarah Walsh, MD
Resident of Grantham, NH
Board Certified in psychiatry and CHild and Adolescent Psychiatry

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: Marty Huckins
Sent: Thursday, January 28, 2021 3:39:05 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

PLEASE oppose HB 602! It is not good for NH citizens!

I am a licensed mental health counselor and master licensed alcohol/drug counselor in NH. I work for a non-profit agency, and also have a small private practice. Prior to the beginning of COVID i was not confident that telehealth of any kind could compete with traditional in-person therapy. Then COVID hit, and we were basically forced to make telehealth work. Since then, I have seen the many benefits of this way of providing services to my clients. I would like to address both removing use of the telephone for therapy, and removing the requirement that telehealth be paid at the same rate as in-person therapy.

Benefits of telehealth in general: Many clients have struggled to keep in-person appointments due to lack of transportation, lack of childcare, physical limitations. When clients are ill or have needed to quarantine, their therapy has not been interrupted because we can use video platforms, or the telephone. Telehealth, whether by video platforms or telephone, allows them to keep appointments consistently, thereby leading to better care and better results. It also allows me, as a therapist, to work from home if the weather is bad, a child is ill, etc.

Reasons to maintain access to telephone therapy: I have many clients who would be willing to use a video platform, but don't have internet access or don't have a computer or smartphone. Others are at home with small children, or live with other adults, and don't feel video platforms offer the confidentiality that the telephone does. As an example of beneficial use of telephone therapy, let me tell you about a client I have. She has many physical disabilities, who missed probably 3 out of 5 in person appointments because of her limitations. She doesn't have access to the internet, so video telehealth is not an option. Since starting telephone therapy she has missed 1 weekly appointment in 10 months, and because she now has access to consistent therapy, is making great progress in addressing her alcoholism and mental illness.

Reasons to maintain payment for telehealth (video and telephone) the same as in-person therapy: I (as well as most therapists I've talked to) have the same expenses regardless of whether I am doing therapy in-person, via telephone or via video platforms. Most of us will eventually (after covid) maintain a hybrid practice, so the same office space, storage space, waiting room, etc. will need to be maintained.In fact, if I am using a video platform, I also need to pay for that video platform, and have sufficient internet bandwidth to support the platform, and adequate computer/video/microphone equipment to use the platform. If reimbursement for telehealth is reduced, most of us will need to limit the number of clients who can use telehealth (video or telephone) in order to maintain our business. Some of us will not be able to sustain it at all, either needing to close our business or clients will have fewer options to receive services in a way that is most beneficial to them.

NH already has a dearth of options for therapy, in some areas at a critical level. Please don't pull the rug out from our most vulnerable NH citizens by making their access to mental health services any less available.

Thank you for your consideration,

Martha J Huckins, LCMHC, MLADC
11 Walnut Place
North Swanzey NH 03431
603-903-2656

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: Teresa Madaffari
Sent: Thursday, January 28, 2021 4:07:55 PM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill 602 Feb 2, 2021 Health, Human Services, and Elderly Affairs
Importance: Normal

I am writing in OPPOSITION to bill 602 and in support of continuing to allow phone services for therapy and counseling with reimbursement equal to that of in-person services.

The pandemic a horror but don't let this small bit of good to be squashed!

How many news articles have you heard about kids and families not having the Internet reliably? How many elders do you know who do not use technology well? How many people don't have computers with cameras and sound systems? How many people, especially the disabled or those with less reliable vehicles or who cannot travel in bad weather, miss medical appointments because of the weather and general transportation issues?

Utilization of the phone for therapy and counseling benefits senior citizens, persons who lack reliable internet services or are even are without the internet. people who don't have the money for more sophisticated hardware, and those who lack reliable transportation or who fear driving in bad weather conditions. Clinicians who are in small practices, or remote and rural areas, or even in larger, more costly areas (like Portsmouth, perhaps) are members of the small business community and add to our economy by providing their services. Access to mental and behavioral health services can ease human suffering, prevent further deterioration and pain, and can contribute to a healthy economy.

Please support use of the phone for therapy and counseling services with equal reimbursement. The phone is not a lesser took, it is an additional, worthwhile tool that allows more people access to services that help not only them but our entire NH community. Please do not eliminate or lessen the effectiveness of this tool.

Sincerely,

Teresa Ann Madaffari, PhD
Clinical Psychologist

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: Piers, George
Sent: Thursday, January 28, 2021 4:15:18 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

To all those it should concern,

I am writing a mental health provider with 35 years of experience working in the field of mental health. I work for an agency working with clients across the age continuum, from 0-95. As the Director of Counseling Services I work closely with our Directors of Children's, Adult, Older Adult, and Substance misuse programs. During the past year, I have seen directly how the availability telehealth has allowed our direct service providers initiate and maintain mental health services to the most vulnerable in the many communities we serve. Specifically having access to telephonic and video telehealth has increased access to those clients who reside in the outermost reaches of our catchment area. Telephonic telehealth has without question been a literal lifeline for our older adult population who may be unfamiliar with today's technology, families and individual who have no or poor internet connectivity, and those clients who are homebound.

Respectfully submitted

George F. Piers LICSW
Director of Counseling
Monadnock Family Services
Keene, NH 03431

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: Erling Jorgensen
Sent: Thursday, January 28, 2021 6:09:53 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to House Bill 602 (Committee Hearing 2/2/21 @ 9:30am)
Importance: Normal

January 28, 2021

To: House Committee on Health, Human Services and Elderly Affairs

As a Licensed Psychologist in NH, I strongly oppose House Bill 602. Audio-only telehealth has been an extremely effective and efficient mode of delivering mental health services during this pandemic.

Many clients struggle with electronic media, do not have reliable Internet connections, or cannot afford such services. Many others do not have reliable transportation for in-person services, or are understandably fearful of venturing out.

By contrast, phones are universal in this society. They are an efficient use of time to intervene quickly, to help stabilize mental health crises, and prevent more expensive costs down the road. They are especially valuable to older or disabled clientele, to receive services on a par with others, and to expand the reach of accessible help during these very stressful times.

I urge you not to proceed with the provisions in House Bill 602-FN.

Erling O. Jorgensen
Licensed Psychologist #1090
Riverbend Community Mental Health
Concord, NH

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: Shawn Hassell
Sent: Thursday, January 28, 2021 6:43:35 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Opposition to HB 602
Importance: Normal

Honorable Members of the Health and Human Services and Elders Affairs Committee,

I'm a NH Licensed Marriage and Family Therapist in practice for 22 years. I practice in Manchester and live in Bow. I'm writing in opposition of HB 602. This bill would remove the audio-only option for telehealth AND allow insurance companies to reimburse at a lower rate than in-person. Throughout the pandemic, clinicians report regularly having to shift to telephonic sessions with clients when there are connectivity issues related to technology challenges and sometimes weather and sometimes not getting privacy in their homes so needing to go in their cars, where signal can be spotty, so they need to use a cell phone for telephonic session. HB 602 would remove this option and force providers to either stop services with some clients or return to in-person therapy with insufficient protection while COVID is still widespread. Both options would harm NH patients. Elder clients, who have most benefitted from the option of telephonic therapy during the pandemic, would be most at risk in 55 min in-person sessions, albeit masked, in closed door offices with poor circulation.

With regard to allowing insurance companies to reimburse telebehavioral health at a lower rate than in-person, I must point out that insurance companies trying to justify lower rates for telebehavioral health are *incorrect.* Most all providers must maintain a brick-and-mortar office and all the overhead that entails, so adding in telebehavioral health actually costs providers MORE money than in-person therapy because of the added technology costs and subscription costs for HIPAA compliant platforms. Most of these providers are small business owners who should not suffer further financial losses during the COVID pandemic.

Why are we trying to limit access in a state without enough medical and especially mental health providers? Why would we allow a bill that pays providers less when they are already struggling with low rates and paying office overhead costs with almost no clients meeting in person?

Please vote "no" to HB 602.

Thank you very much,

Shawn J Hassell, LMFT

** While following precautions against COVID-19 and increased working from home, I will sometimes be using my personal cell phone to call clients. My call will come through as a blocked or private number. If you don't answer, I'll leave a message and wait to hear back from you. Please let me know if you would like to make some other arrangement for communication.**

Shawn J. Hassell, M.S., LMFT
AAMFT Approved Supervisor
Pronouns: He, him, his

Between Us Associates
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Manchester, NH 03104
P (603) 836-5003
F (603) 836-5004

www.betweenusassociates.com

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: Stephanie Kimber
Sent: Thursday, January 28, 2021 6:49:42 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 602
Importance: Normal

To Whom It May Concern;

I write this email to express my concerns regarding HB602, a bill intended to eliminate the voice-only option to conduct telehealth and to reduce the reimbursement rate for mental health services delivered via telehealth. I cannot understate my concerns about this proposed bill and am astounded that representatives would consider doing so in the midst of a pandemic.
To provide readers with background and context: I am a psychotherapist who has been independently licensed in the State of NH and seeing our citizens for the past 16 years. In that time, I have seen the need for behavioral health services increase exponentially for multiple reasons. To further complicate the issue, we have a shortage of mental health providers in this state. It is common for referrals to call more than twenty different providers as they seek services for themselves. Finding a clinician who treats children is even more difficult. The COVID pandemic only further increased the need. More and more individuals have grown depressed and anxious. Marriages are taxed by additional stressors...relationships are fraying, splintering, and coming apart. Children are struggling with worry and grief, missing their extended family, their friends, their sense of security. We all know that life in a pandemic is not easy and people are struggling, the stories are heartbreaking. The need is great. These are the people we treat via telebehavioral health every day.

When the pandemic began, clinicians as a whole--highly trained, diligent, and devoted professionals-- and with no notice, learned new technology, new skills, and new ways of relating so that their patients' care continued with the same quality that that had been present before the pandemic began. And we did so without missing a beat. Many of us sustained the cost of additional training and acquired updated software and technology...a cost that many of us, in whole or in part, pay for out of pocket (regardless of whether we are self-employed or work for an agency). Furthermore, therapists work harder providing telehealth than when providing in-person therapy: without the context available during in-person sessions, clinicians have to find ways to convey empathy effectively through a screen, practice constant vigilence in observing our patients for shifts in attention and reflection, develop skilled ways to elicit the information necessary when it is not readily observable, assess and maintain confidentiality on both ends of a device, and manage safety without unduly disrupting a patient's thought processes. There is an additional cost just to provide the platform, never mind the expertise, necessary to deliver the services that our patients--your constituents--are depending on to improve their functioning in a world where it is now more dangerous just to breathe.

With regards to ending the option of voice-only sessions, please consider the following questions: how often have you had an important call drop because you have been going through

an area with poor cell phone reception? How often have you yourself been on a zoom call only to find that the technology is bogging down or the call ended unexpectedly because you or someone else on the call had spotty internet service? Now imagine that this happened at exactly the moment that you tell someone about the death of a loved one? Or that you are getting a divorce? Or that you lost your job? This is the reality that therapists are experiencing with their patients every single day and we are managing it effectively...but only if we have the option to switch to voice-only sessions if the need arises. I have personally changed countless zoom meetings to voice-only meetings or switched to a cell or landline because one version of our technology was not working. However, before you conclude that I live in a rural area, I do not...this disruption is simply reflective of life in a state that is largely rural with limited and unpredictable access to wifi, dial-up, and cell signals. Without the option to switch to a voice-only call, my patients would not receive services a given day. This is yet another reason why this proposed bill is absurd and potentially harmful.

Should you question whether telehealth services are effective, allow me to assure you that they most certainly are. I have countless examples of successful therapy conducted over the past year. Nearly unemployed, one of my patients became self-harming and suicidal. After receiving telebehavioral health sessions, she is now stable and has returned to work in a field helping others during this pandemic. The services I provide are not unique: interview a handful of clinicians and you will find countless similar stories. To support the efficacy of telehealth services, there is a 10-15 year bank of research showing that telebehavioral health services are as effective as in-person services...the outcomes are just as good. In-person sessions are not the gold standard; evidence-based therapy provided by highly-trained, empathic professionals is the gold standard...and it deserves to be compensated accordingly.

Sincerely,

Stephanie Kimber, MA, LCMHC
Senior Staff Therapist
Maps Counseling Services
23 Central Square, Suite 300
Keene, NH 03431
603-355-2244 x8264

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: Erin E. Knuuti
Sent: Friday, January 29, 2021 7:31:17 AM
To: ~House Health Human Services and Elderly Affairs
Subject: House Bill 602
Importance: Normal

To Whom It May Concern:

I am opposed to House Bill 602. One reason is patient access. Many of my patients are low-income and/or lack reliable internet access. Many of them live several hours from my specialty practice and are unable to travel due to cost. Telephone visits during the pandemic have been extremely helpful for these patients and has had a positive impact on their care. A structured telephone visit allows for dedicated time for complex care. It is not the same as a quick phone call to relay a small piece of information.

The other reason I am opposed to House Bill 602 is that I find that I do not spend less time related to a visit when it is via telehealth versus in person. I am able to do a good physical exam via telehealth, which often takes more time than during an in-person visit because I need to direct the patient to help with the exam process. I do not think it is reasonable to lower reimbursement for telehealth visits when they involve complex decision making and complex medical management.

Thank you for your consideration.

Erin Knuuti, APRN

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: bentleymh
Sent: Friday, January 29, 2021 9:59:24 AM
To: ~House Health Human Services and Elderly Affairs
Subject: In opposition to HB 602
Importance: Normal

I am opposed to this bill at this particular time because:

1) The Pandemic rages on making is unsafe for many individual to attend in-person therapy session.
2) Many NH citizens do NOT have access to internet with speeds that allow for Telehealth visits.
3) Suicide rates, over doses and escalation of substance use are underlying “Pandemics” in NH and the rest of the country.

It is the responsibility of the legislature to consider the health and well-being of the entire population of the state over the financial concerns of insurance companies!

Thanks for your reasoned consideration for rejecting this bill.
Mary Helen Bentley, LICSW
Lyme, NH 03768
603-738-9475

Archived: Wednesday, March 17, 2021 12:49:57 PM
From: susan borchert
Sent: Friday, January 29, 2021 11:23:08 AM
To: ~House Health Human Services and Elderly Affairs
Subject: Bill 602 regarding telehealth
Importance: Normal

Dear members of the HHSEA committee,

I am writing to let you know of the devastating impact this bill will have on our clients here at Counseling Associates. With offices in New London, Newport, Claremont and the Upper Valley we see many many individuals who rely on their insurance including many many on Medicaid to access behavioral health care.

Many of our clients are not able to access zoom technology whether it is because they are elderly and do not have a computer or whether it is because they do not have reliable internet access due to living in the woods or because they cannot afford internet service. Disallowing phone care would also disproportionately affect the disabled who often are not able to access video technology for the reasons previously mentioned. I believe this is immoral in addition to illegal given our ADA rules. I know the ACLU has already spoken with regard to this issue on a federal level.

In addition, not covering telehealth at the same rate as in person service would also disproportionately affect poor individuals who live in remote areas who have difficulty accessing transportation. They rely on telehealth to obtain access to care. We are already sacrificing funding by being willing to accept Medicaid which is our lowest payor. With an even further reduction in reimbursement, we, like other providers, might have difficulty accepting as many Medicaid clients as we would like to. It is already very difficult for Medicaid subscribers to find behavioral health care. It would also seem very illogical to enact this rule during a pandemic where effectively incentivizing in person care might logically increase covid exposure among our most vulnerable.

Please do not pass this legislation.

Thank you for your consideration.

Dr. Susan Borchert
Licensed Psychologist
Counseling Associates
Claremont, Newport, New London, Hanover, NH

Sent from my iPad

David Ledner, M.D.

LaMora Psychological Associates, 39 Simon St., STE 5, Nashua, NH 03060

January 30, 2021

To: New Hampshire State House of Representatives

RE: House Bill 602-FN

Dear Sirs,

I am writing in vehement opposition to House Bill 602-FN. As a licensed Psychiatrist practicing in New Hampshire for 25 years, I specifically oppose this Bill which would prohibit audio only telemedicine and would allow insurance reimbursement to be less for telemedicine than for in-person medical appointments. Many of my patients would be harmed by both of these changes. Many of them are elderly and lack the computer or smart phone resources and technical proficiency necessary for anything other than telemedicine by telephone. Other patients of mine are impoverished. Many of these have Medicaid insurance and a few are self-pay, and cannot afford the equipment needed for audio-visual telemedicine. Having used both audio-visual and telephone only telemedicine exclusively since early in the Covid 19 pandemic, starting in March 2020. I can say from my experience that both forms of telemedicine are effective for my established patients. I make every effort to utilize the audio-visual mode of care, but for some this is not possible. I do not use audio only appointments for new patients. This House Bill 602-FN as written is discriminatory and most definitely will negatively impact the health and well being of many of my patients, particularly those who are most vulnerable. Should this bill pass, the State of NH would be mandating I chose between providing free care for many persons, winding down a portion of my practice, or going back to in-person appointments. The latter is not even a choice at this time due to the Covid-19 pandemic and our current office policy of allowing only telemedicine in order to protect the health of patients and office staff.

Sincerely,

David Ledner, M.D.

AMOSKEAG HEALTH

145 Hollis Street
Manchester, NH 03101
603-626-9500
www.amoskeaghealth.org

February 2, 2021

Representative Mark Pearson, Chairman
House Health, Human Services, and Elderly Affairs Committee
Legislative Office Building, Room 205
33 N. State Street
Concord, New Hampshire 03301
Submitted via email to: HHSEA@leg.state.nh.us

RE: HB 602 relative to reimbursements for telemedicine

Dear Chairman Pearson and Members of the House Health, Human Services, and Elderly Affairs Committee:

Thank you for the opportunity to offer testimony on the HB 602 relative to reimbursements for telemedicine. Amoskeag Health is a Federally Qualified Health Center (FQHC) located in Manchester. We have five locations of care, and provide primary care, prenatal care, substance use disorder and behavioral health treatment along with optometry, podiatry and social services to over 17,000 active patients in our region. Approximately 60% of our patient revenue comes from Medicaid, and about 20% of our patients are uninsured. The majority of our patients (over 80%) live at or below 200% of poverty. We are also the most diverse health center in NH, with over 60 languages spoken. Approximately 45% of our visits require an interpreter, and we have 12 interpreters on staff. We provide a large array of services in our community as well, including at the local high schools, middle schools, and some of the Title I elementary schools.

In April of 2020, our in-person visits dropped to 40% and our visits using telemedicine were 60%. Currently, our virtual visits account for 25% of our total patient visits. As you can see, in-person visits have increased to near pre-pandemic levels. However, telehealth, whether it is audio-only or video and audio, is a valuable service for certain patients and particular kinds of services. Telehealth is an integral modality for our patients and providers, and we have seen our no-show rates for things like behavioral health, SUD, and other services, improve. Telehealth, and maintaining reimbursement at parity for services provided via telehealth, are critical to our health care facility to protect our patients, their families, and our staff.

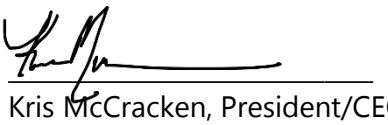
Telehealth allows us to meet patient needs and to keep everyone safe and healthy. Because some patients are high risk, they will be required to continue to quarantine to protect themselves. They cannot go without health care, and bringing them into the office is still unsafe. We also have staff that are high risk, or care for loved ones that are high risk. Both of these require the flexibility for using telehealth to assure the staff can continue to provide services and high-risk patients can continue to receive necessary health care.

Our budget is reliant on stable productivity, and normally we would have seen around 60,000 visits in 2020. Unfortunately, in order to limit the spread of disease, we severely restricted the volume of patients seen on site early in the pandemic. As you can imagine, attempting to rapidly transition such a diverse population with limited financial resources to a very complex telehealth environment was a challenge, but we did it and we continue to offer services via telehealth when appropriate. In just two months, we lost $1,100,000 in lost revenue from patient care. The financial stability of our institution is critical to retain.

We provide care to over 15% of our community's residents, and to the most at-risk populations. Our organization operates on a razor-thin margin. We need the health care delivery system to continue to morph to meet the need of the communities we serve. Health centers need to be able to rely on reimbursement for telehealth services in order to provide some stability, and we need a horizon to plan on the future events for our upcoming services. Knowing that telehealth will continue to be a viable option allows us to start planning, designing services, training, and investing accordingly.

Thank you for your consideration of this matter. Please feel free to contact me if you have any questions or concerns.

Sincerely,



Kris McCracken, President/CEO

House Bill 602
Melissa Mekula, MA
Clinician
Thank you Mr. Chairman and distinguished members of the committee for the opportunity to speak on behalf of myself and those who do not have the opportunity to have their voice heard. My name is Melissa Mekula. I am a substance use disorder clinician at Riverbend Community Mental Health Center. I am gravely concerned with the proposed change to House Bill 602.

Currently, my program serves clients who are prohibited from using the internet by court order due to condition of parole or probation. Keeping in place audio only services would help protect both the client and the community by allowing my clients to follow the conditions of their court order. Terminating audio only services could put the client at risk to utilize the internet access outside of telehealth appointments which would violate the condition of his or her parole or probation.

Twenty five percent of my caseload has audio only access to telehealth services. Other clinicians in my program also report 25% having audio only access. Other clinicians in my program report 50% of their caseload is only able to access audio only telehealth. Some of the many barriers to video telehealth technology include homelessness, inability to navigate video telehealth technology, lack of access to internet connection, lack of funds to pay for video telehealth devices, and lack of funds to pay for internet connection. Many businesses or services that provide free wifi are closed and not accessible during the COVID-19 pandemic which further limits client ability to connect via video telehealth. It would be safe to say at least 50% of my video telehealth sessions or telehealth groups experience technical difficulties which then require me and my client to utilize audio only services to continue their treatment. Surely there must be a way to maintain compensation and coverage for audio only services, which in my experience, provides equally effective care as video telehealth sessions especially if the alternative is no service at all.

Wording this bill to allow insurance companies to potentially reimburse at lower rates for an equal level of care and equal service as an in person visit is detrimental to the client, the provider, the agency, and the community at large. Changing the language of this bill will jeopardize the opportunity for the community mental health centers to provide telehealth services to our State's most vulnerable population in dire need of services. Dartmouth Hitchcock's survey in May of 2020 found "Risks for relapse among previously stable persons in recovery are significant during COVID-19." Domestic violence rates are on the rise as well according to the NH coalition against domestic and sexual violence.

I implore you to reconsider total reduction of audio only services and the proposed new language of this bill allowing insurance companies to lower compensation for telehealth. There are enough barriers to treatment and already limited resources in our state for substance use disorders and mental health treatment. I am pleading with you once again to reconsider and not construct more barriers for our community.

For your convenience I have attached the Dartmouth Hitchcock survey findings on COVID-19 and substance use in NH which also suggest keeping changes that have been made to include all forms of telehealth compensation for services.

Thank you once again Mr. Chairman and members of the committee for giving me this opportunity to express my concerns and advocate for my clients on this very important bill to help convince you these proposed changes should not be passed.

Testimony

I am writing in opposition to bill HB602

I am a Psychiatric Nurse Practitioner who sees patients for psychotherapy and medication management. I see a wide range of age groups and people from various geographic locations. I meet with patients in person, virtually, and on the telephone, depending on their comfort and what is available to the patient.

My experience has been that the use of the telephone has been essential for the treatment of some individuals, especially the elderly population. Many patients do not have access to a computer or they have a computer without a camera. Many do not have a good internet connection or are not able to connect virtually. I have found that being able to meet with patients virtually and by phone, has increased attendance and greatly improved treatment outcomes. Patients have had reduced acuity since they are keeping their appointments, which reduces emergency costs and hospitalizations.. Those that were not able to make sessions in person due to depression, illness, finances for gas, time away from work or home, or weather, have been able to attend appointments without interruption. With the availability of telehealth I have been able to reach patients in rural communities who otherwise would not have access to mental health care.

The elimination of the ability to meet with patients virtually and on the phone, will greatly impact treatment, increase acute care including hospitalizations and emergency visits, reduce pt.'s ability to return to work, and prohibit patients from reaching their optimal level of functioning. It is in the best interest of our society both humanly and economically, to continue to offer telehealth, including telephone calls, as a treatment modality.

Thank you for reading my testimony in opposition to HB602.

Sincerely,
Amy Metcalf, APRN
Warren Street Family Counseling Associates

February 2, 2021

The Honorable Mark Pearson, Chairman
Committee on Health, Human Services and Elderly Affairs
23 Faith Drive
Hampstead, NH 03841-2370

The Honorable William Marsh, Vice Chair
Committee on Health, Human Services and Elderly Affairs
742 Pleasant Valley Road
Wolfeboro, NH 03894-7120

IN OPPOSITION TO HB 602

Dear Chairman Pearson, Vice Chair Marsh and members of the Committee on Health, Human Services and Elderly Affairs:

On behalf of the more than 13,100 individuals living with epilepsy in New Hampshire I am writing to encourage your opposition to HB 602.

For many people living with epilepsy, driving is a privilege denied them based on their disability. This is true for many living with a chronic condition. Traditionally, many folks have had to rely on others, public transportation, or ride services to get to their medical appointments. This is often compounded for folks living in more remote, rural areas.

As you know during the COVID-19 health crisis, the health care system rapidly transitioned to providing many health care services through telehealth. This has been beneficial for countless number of folks living with disabilities. As we look to a more permanent telehealth policy, we should look to improving health care services and access, not limiting them.

HB 602 will eliminate the requirement that insurers reimburse for audio-only telemedicine appointments. In turn, this bill could mean restricted access for many of our most vulnerable. A recent survey by the Centers for Medicare and Medicaid Services (CMS) of telehealth usage by Medicare recipients during the pandemic showed that one third of telehealth appointments took place by telephone,

We believe that telehealth services should promote equity. We feel HB 602 is discriminatory against people who are not tech savvy. Many simply lack the tools and technology to access the internet or have access and the know-how to have full video/audio care provider sessions. Many also simply don't have the resources needed to be so equipped.

In addition to promoting equity, we believe that telehealth services ensure disability and language access. We also support efforts to ensure multiple access modalities so that patients and care providers can choose what best works for them.

Epilepsy Foundation New England urge you to oppose HB 602. Please do not hesitate to contact Bill Murphy,
Director, Advocacy and Public Policy at Epilepsy Foundation New England at 617-506-6041, ext. 104 or wmurphy@epilepsynewengland.org with any questions or concerns.

Sincerely,

Susan Linn
President & CEO
Epilepsy Foundation New England

CC:

Beth Folsom – Clerk

Representative Charles McMahon
Representative Bill Nelson
Representative Dennis Acton
Representative Betty Gay
Representative Leah Cushman
Representative Niki Kelsey
Representative Bill King
Representative Lucy Weber
Representative James MacKay
Representative Kendall Snow
Representative Jerry Knirk
Representative Jeffrey Salloway
Representative Gerri Cannon
Representative Jim Kofalt
Representative Frances Nutter-Upham
Representative Joe Schapiro
Representative Gary Woods

March 8, 2021

The Honorable Mark Pearson, Chair
House Health and Human Services Committee
Legislative Office Building, Room 205
33 North State Street
Concord, NH 03301

Re: New Futures' Opposition to HB 602-FN (relative to reimbursement for telemedicine),

Dear Representative Pearson and Honorable Members of the Committee,

New Futures appreciates the opportunity to testify in opposition to HB 602-FN, relative to reimbursement for telemedicine. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, health care providers and families to increase access to quality, affordable health care throughout the Granite State.

New Futures stands strongly in opposition to HB 602-FN, as it would restrict access to critical health services for thousands of individuals and families. Under the ongoing COVID-19 pandemic, the recent expansion of telehealth, authorized last session under HB 1623, has been a lifeline for many, allowing them to access needed primary, behavioral health and other forms of needed care remotely over the computer or the phone. Health care practitioners across New Hampshire, including many substance use and mental health treatment providers, have reported significant increases in attendance and participation rates in the months since telehealth was expanded in our state.

With any luck, the COVID-19 pandemic will soon wind down, but the need for these telehealth services will not. Long before this public health crisis hit, certain physical, geographic and socioeconomic challenges, among others, prevented many Granite Staters at times from accessing in-person care. We fear these obstacles will only be heightened in the aftermath of COVID-19, further reinforcing the need for telehealth.

By eliminating audio-only phone services as an eligible mode for telehealth, HB 602-FN would leave many Granite Staters who rely on the phone due to inconsistent internet access struggling once again to secure the care they need. Further, by eliminating the reimbursement parity requirements included in HB 1623, this bill could deprive some care providers of the support and resources they need to extend telehealth services to patients across the state. In short, this bill would undo much of the ground we have gained extending access to care during this pandemic. It would deprive us of a key tool in our efforts to combat the ongoing substance use and mental health crises, and it would leave us less able to keep our state safe and healthy into the future.

For these reasons, New Futures respectfully requests that the Committee recommend HB 602-FN Inexpedient to Legislate. Please don't hesitate to contact me if you have further questions.

Respectfully submitted,

Jake Berry, Vice President of Policy, New Futures

February 2, 2021

The Honorable Mark Pearson, Chair
House Health and Human Services Committee
Legislative Office Building, Room 205
33 North State Street
Concord, NH 03301

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Respectfully submitted,

Jake Berry, Vice President of Policy, New Futures

NAMI New Hampshire
National Alliance on Mental Illness

January 29, 2021

Honorable Mark Pearson
House Health, Human Services and Elderly Affairs
107 North Main Street
Concord, New Hampshire 03301

Dear Mr. Chairman and Members of the Committee,

Mr. Chairman and Members of the Committee, thank you for the opportunity to testify today. My name is Kenneth Norton and I serve as Executive Director of NAMI NH, the National Alliance on Mental Illness. By way of background, I have family members with serious mental illness as well as co-occurring substance use disorders. I am also serving on the Telehealth Commission established under HB 1623 and was appointed to represent the patient perspective. On behalf of NAMI NH, I am here today to speak in opposition to HB 602.

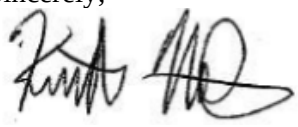
Although NAMI NH does not provide clinical mental health treatment per se, we do provide family peer support which is a Medicaid billable service under New Hampshire's Children System Of Care (SOC). In the interest of full transparency, during the pandemic we have been providing telehealth family peer support under some of the parameters established in the legislation passed during the last session.

Specifically related to this bill, NAMI NH objects to eliminating reimbursement for audio only services. Many people still do not have regular access to the internet and must rely on the telephone. For some that do have internet access, their computer may be located in a central part of the home where there is not privacy, or during the pandemic may be primarily used for remote school learning for children.

It is also NAMI NH's belief that this bill is premature, and the Telehealth Commission should be allowed time to more closely study the change in telehealth and gather data as a result of HB 1623 and to make future recommendations accordingly. I urge you to vote this bill as inexpedient to legislate at this point in time.

Thank you for your consideration.

Sincerely,



Kenneth Norton, LICSW
Executive Director

State of New Hampshire

Office of the Child Advocate

Moira O'Neill
Child Advocate

Testimony of
Moira O'Neill, PhD
The Child Advocate
Submitted to
The New Hampshire House Health, Human Services & Elderly Affairs Committee
February 2, 2021

Good morning Chairman Pearson, Vice Chairman Marsh and esteemed members of the Health, Human Services and Elderly Affairs Committee. My name is Moira O'Neill and I am the State Child Advocate. The Office of the Child Advocate is an independent state oversight agency. Recently the jurisdiction of the office expanded by RSA 21-V, to all children's services provided or arranged for by the State. Thank you for the opportunity to speak to you today in opposition of **House Bill 602-FN relative to reimbursements for telemedicine.**

The bill makes changes to the reimbursement limits for telemedicine and also adjusts the definition of telemedicine.

The Office of the Child Advocate opposes this bill based on its impact on access to services for children. Children who are at risk of, or involved in, child protection or juvenile justice services are often described as New Hampshire's most vulnerable. Careful analysis of data also indicates an over-representation of racial and ethnic minorities among this population. The majority of cases that the Division for Children, Youth and Families (DCYF) opens each year are neglect cases. That means children's parents are not meeting their needs due to poverty, mental health or substance use conditions. Characteristics we note in this population include limited access to transportation, employment without paid family leave, and limited access to digital devices with consistent internet connectivity. I describe these characteristics to you because these families are also the people most likely to benefit from highly flexible service access.

If we learned anything from the coronavirus pandemic, it is the benefit of tele medicine and other remote access services. In cases involving children placed out of their homes, we received reports of increased parent participation in family therapy and treatment meetings. Without the need for travel or taking extra time off from work, parents are able to meet court-ordered expectations for treatment participation that contributed to child healing and family reunification. These gains should not be abandoned.

House Bill 602 also changes the definition of telehealth to exclude audio-only sessions. A substantial sector of the New Hampshire residents have unstable or no access to the Internet. Many even have inconsistent phone service. They tend to live in the same regions where there is a limited service array. Remote access services in all forms allows for flexibility of access where appropriate and improves outcomes for patients. Excluding audio-only sessions from the definition of tele-medicine discriminates against the people who most need services, placing those with children at greatest risk for abuse or neglect.

House Bill 602 also proposes a disincentive to providing tele medicine by changing allowable reimbursement to “no greater than” from “not less than” rates for in-person visits. This allows third party payers to lower reimbursement rates. Because of the high need for medical and mental health services, providers would have no incentive to take appointments that paid less. Without the incentive, the same population would lose grounds they have gained over the past year.

As a means of explaining the impact of these changes, allow me a personal account. I am a primary caregiver for my 87-year-old mother who has chronic medical conditions and substantial disability. The pain of her arthritis makes the drive to provider offices excruciating. She has benefited from the pandemic-influenced shift to tele medicine. However, in order for her to participate in confidential video visit, I have to drive four and a half hours to her home and set up my laptop. Her arthritis makes her unable to use computers. She can use a phone, however, and when she participates in audio-only medical visits, the provider can include me on a three-way call so that I can participate without leaving Concord. This is the kind of ease of access children and families most benefit from. As New Hampshire works to decrease the incidence and long-term effects of abuse and neglect, highly flexible access to health care services will be the key to success.

House Bill 602-FN interferes with access to needed health care services putting children and their families at risk. I urge you not to pass this bill.

Thank you for the opportunity to testify.

NH Community Behavioral Health Association

1 Pillsbury Street, Suite 200
Concord, NH 03301
603.225.6633
www.nhcbha.org

Chairman Mark Pearson
House Health Human Services & Elderly Affairs Committee
Room 207, Legislative Office Building
Concord NH 03301

Via email: HHSEA@leg.state.nh.us

February 2, 2021

Dear Chairman Pearson and members of the Committee:

The NH Community Behavioral Health Association (CBHA), representing the state's ten community mental health centers, wishes to express its strong opposition to HB 602, relative to reimbursements for telemedicine. This bill seeks to repeal sections of an important 2020 law which has only been in effect for 6 months: HB 1623. CBHA, along with the vast majority of health care providers and practitioners in our state, was a strong supporter of both HB 1623 and the interim telehealth guidance that preceded it, established in the Governor's Executive Order # 2020-08.[1]

Telehealth has been critical for access to primary care, behavioral health care, substance use disorder treatment and recovery, and a wide range of other health care services during the Covid-19 pandemic. It would be a regressive and short-sighted move to limit its use now. In the post-pandemic world, telehealth will not be the only or even the primary means of providing service, but it will continue to be an important component in the provision of health care services.

HB 602 seeks to do away with reimbursement parity for telehealth services and eliminate the use of audio-only telephone or facsimile for the provision of health care and behavioral health care services. The latter will have an immediate negative impact on NH citizens who do not have access to or cannot afford internet connectivity or a computer/tablet/smart phone, in particular. In addition, the Telehealth Study Commission created by HB 1623 to look at long-term policy issues needs time to do its work and report back to the Legislature before changes should be considered.

[1] https://www.governor.nh.gov/sites/g/files/ehbemt336/files/documents/emergency-order-8.pdf

NH Community Behavioral Health Association

1 Pillsbury Street, Suite 200
Concord, NH 03301
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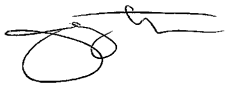
The current pandemic required mental health centers and other health care providers to rapidly switch the delivery of services from an in-person modality to telehealth, with the goals of creating no gaps in care and enhancing existing services. This has been both transformative and successful, with the majority of telehealth patients surveyed to date reacting favorably.

Telemedicine laws were first enacted in NH in 2009; efforts to expand some provisions have seen pushback over the past decade, but there has always been forward motion. The Covid-19 pandemic has underscored the rationale and the framework for improving and expanding our use of this technology for our health care needs. We urge you to recommend that HB 602 be Inexpedient to Legislate.

Thank you for your attention to this matter.

Sincerely,



Jay Couture
NH Community Behavioral Health Association

March 5, 2021

Chairman Mark Pearson
House Health Human Services & Elderly Affairs Committee
Room 207, Legislative Office Building
Concord NH 03301

Via email: HHSEA@leg.state.nh.us

Dear Chairman Pearson and members of the Committee:

As providers of substance use disorder (SUD) services to individuals in New Hampshire struggling with addiction, we are writing to urge you to **strongly oppose HB 602** – relative to reimbursements for telemedicine. Simply put, this bill would, if enacted, undo the progress made in New Hampshire over the past year to expand and ensure timely access to SUD services through the use of telehealth. Our opposition also extends to the various amendments which have been offered to the Committee.

The Governor recognized the importance of telehealth early on in the pandemic by issuing Executive Order #8 in March 2020,[1]; and the Legislature codified that in June 2020, through passage of HB 1623,[2] a bi-partisan bill that passed the House and Senate overwhelmingly. The new law took effect on July 21, 2020 – a little more than 6 months ago. Making significant changes to the law now, which is what HB 602 proposes to do, is premature and not based on evidence or experience.

The current state of the law ensures that there is parity in reimbursement for telehealth visits. Any change in this status would disrupt the ability of a patient and their provider to decide if an encounter should be face to face, or via telehealth. Changing this would likely put insurance companies in between patients and their doctors.

As the Committee considers the impacts of HB 602 and the proposed amendment, we would ask that you consider the indirect costs of these changes and keep in mind how a telehealth option will save the consumer time and money. Transportation, time off from work, childcare, and other expenses associated with a trip to the doctor's office, can be avoided for certain health care encounters. However, allowing disincentives to the provider by limiting or altering reimbursements will create situations where these indirect costs, which would otherwise be avoided, are shifted to the consumer.

In the Substance Use Disorder environment, the ability to offer telehealth care gives providers and patients critical tools to ensure and strengthen compliance with care regimens. In our recent experience we are also seeing very important benefits of telehealth care as it relates to the stigma associated with addiction, and the ability of patients to have more privacy and confidentiality in pursuing care.

Consider for example a construction worker who is engaged in treatment for an opioid addiction and the need to connect with his provider to ensure that his medication is being managed properly. With the state of the telehealth law today, those important appointments can be managed using an audio connection which take less than 30 minutes. The worker is able to avoid having to get time off of work, avoids the stigma associated with revealing his need to go the session with his boss, will not lose time at work, and, most importantly, will not have these obstacles cause him to skip the appointment and potentially fall back in his addiction.

Restricting audio-only care will risk these negative outcomes; and by not ensuring the provider is paid for the service at a rate that will allow for it, an additional risk is created on the other side of the care plan by having the insurance company tell the provider they are only getting paid if the construction worker takes time off of work and comes into the office.

HB 1623 also created a Commission to Study Telehealth Services, which has met twice and has reporting deadlines of December 1, 2022 for an interim report and December 1, 2024 for a final

[1] https://www.governor.nh.gov/sites/g/files/ehbemt336/files/documents/emergency-order-8.pdf

[2] http://gencourt.state.nh.us/bill_Status/billText.aspx?sy=2020&id=1180&txtFormat=html

report. Clearly, it was recognized when HB 1623 passed that measuring the success of expanded telehealth would take some time. This was confirmed at the February 2nd hearing on HB 602 in testimony from Sen. Jay Kahn, who stated as the Commission chair that there will not be any substantive information or recommendations forthcoming until at least 2022.

Finally, we ask that you consider the outpouring of opposition that is documented on the official record on HB 602: 2964 people signed in as opposing, but not wishing to speak, and only 20 signed in as supporting the bill. 100 additional people signed in as opposing and wishing to speak, and only one person – the bill sponsor – spoke in support.

You are likely aware that SUD problems have increased alarmingly in our state since the onset of Covid, along with associated mental health and behavioral health issues. Telehealth has been one critical component for addressing those problems in a timely and efficient way. It is not an overstatement to say that telehealth has been transformative for SUD treatment providers and our clients; it should not be limited, particularly now. We urge you to reject HB 602 and any amendments that are offered.

Thank you for your consideration.

Acadia Healthcare

BayMark Health Services

Better Life Partners

New Futures

New Season

NH Providers Association

NH Alcohol & Drug Abuse Counselors Association

February 1, 2021

Dear Committee Members,

I am writing to express my concerns about HB 602. For so many healthcare providers around the state, telehealth has been the only way to safely deliver services during our ongoing COVID pandemic. Please don't move ahead with this bill, which risks making it harder for individuals and families to access services at a time when they are desperately needed by cutting reimbursements to providers.

As a staff member for a family centered early supports and services (FCESS) provider in the Monadnock Region, I see daily the need for these services and the challenges that come with funding them. As the parent of a college student struggling with anxiety as a result of COVID restrictions, I see the urgent need for mental health supports and know telehealth is the only way she, like so many others, can access them.

The organization I work for, Rise for baby and family, serves children birth to age three years with developmental delays and disabilities. Rise serves hundreds of families in the Monadnock Region each year, providing specialized care from speech, physical, and occupational therapists to children in need. As a non-profit organization, Rise relies on private insurance and Medicaid billing for funding.

While these services have traditionally been provided in the home or a childcare setting, they have transitioned to telehealth services via video or phone due to the pandemic. (Some families do not have the internet access needed for a video visit.) Given that each provider works with up to seven children and families per day, it would neither be feasible nor safe to go into multiple homes and childcare settings each day while coronavirus continues to be such a risk.

All Rise services are provided at no cost to the family, ensuring all children who need these early supports and services have access to them. To do this, we rely on reimbursement from both Medicaid and private insurers, with fundraising efforts to cover gaps between the cost of services and the reimbursement we receive. If that reimbursement were cut because insurers no longer had to provide coverage for telehealth visits, it would be incredibly difficult for Rise to continue to provide the comprehensive services it now does.

For the sake of all the individuals and families around our state who are currently depending on telehealth services, I urge you to oppose HB 602.

Sincerely,
Patricia Payne
Hancock, NH

Cheshire Medical Center

580-590 Court Street, Keene, New Hampshire 03431-1729 (603) 354-5400

Don Caruso, MD

President/CEO

February 2, 2021

Chairman Pearson
House Health, Human Services and Elderly Affairs Committee

Re: HB 602 – relative to reimbursement for telemedicine

Mr. Chairman and Members of the Committee,

I am writing in opposition to HB 602 and provide the following reasons. My name is Kathryn Willbarger and I am the Chief Operating Officer at Cheshire Medical Center. Cheshire Medical Center is a 169 bed, non-profit hospital serving the Monadnock Region. For more than 125 years Cheshire Medical Center has been a key contributor to the health and wellbeing of our community. We are the largest health care provider in the region.

Prior to COVID-19, Cheshire Medical Center was using minimal telehealth. Once COVID-19 hit, we needed to immediately pivot much of our care from in person visits to telehealth services. The Governor's Emergency Order #8, allowing all providers to use telehealth as a service delivery mode, including audio-only, and seek parallel reimbursement as if the service was delivered in person, allowed Cheshire Medical Center to continue to meet the needs of our community while keeping both staff and patients safe. Last year, the NH Legislature passed and the Governor signed HB 1623, codifying that Emergency Order. We are grateful for this new law for the following reasons.

Staff safety - Telehealth service delivery has ensured that we will be able to treat our patients while keeping our staff safe. Our front line workers are at risk every day caring for COVID-19 patients. Telehealth allows us to minimize the number of patients coming into the facility which protects both the patients and the staff. Telehealth reduces the risk to our staff by limiting exposure. This helps with staff retention as well as resilience which are both significant issues during COVD-19.

Audio-only is a necessity in our rural region. Audio-only telehealth services is critical to patients' access to care in our rural region. Many of our patients do not have access to broadband services and rely on their landline to communicate. Vulnerable and elderly populations are more likely not to have access to broadband yet are at risk. An audio-only visit is an effective means to provide these populations with the care they need. In addition, at risk populations often do not have access to transportation. Audio-only telehealth can help rural providers deliver health care by connecting providers and their at risk patients who lack broadband and transportation to services from the patients home, promoting patient-centered health care.

HB 602 threatens access to healthcare services to patients in NH who are most vulnerable. Telehealth, including audio-only, is an effective means for removing barriers to access to healthcare during and post the pandemic. It is a critical opportunity to improve health equity.

Please do not hesitate to contact me if I can be of further assistance.

Thank you for your consideration.

Kathryn Willbarger

Kathryn Willbarger
Chief Operating Officer
Cheshire Medical Center

Cc: Senator Jay Kahn
Representative John Bordenet
Representative Dru Fox
Representative Donovan W. Fenton
Representative Sparky Von Plinsky
Representative Joe Schapiro
Representative Amanda Elizabeth Toll
Representative Lawrence Welkowitz

American Heart Association
2 Wall Street | Manchester, NH 03101

February 2, 2021

House Health, Human Services and Elderly Affairs Committee
Re: HB 602, relative to reimbursements for telemedicine.

Chairman Pearson and Members of the Health, Human Services & Elderly Affairs Committee;

The American Heart Association (AHA) is opposed to passage of HB 602, which limits reimbursement for healthcare provided through telemedicine and repeals the audio-only form of communication between patients and their healthcare providers.

Telehealth options for healthcare access, especially during the COVID-19 pandemic, has been very important for patients with complex medical conditions, such as stroke. Telehealth enables patients and their healthcare providers to remotely communicate effectively to assess a stroke patient's status without patients having to leave the safety of their homes. Telehealth also increases patient's access to uninterrupted, quality healthcare when there are other factors, such as access to transportation to providers who are not in the same geographic location as their patients. Telehealth services, including audio-only, has been a very important option for those restricted from traditional healthcare appointments. In many areas of the state, limited broadband access makes video-based interactions impossible and patients rely on audio-only telephone communications. Technical barriers create a 'digital divide' – gaps in access to adequate and affordable broadband and technologies such as computers and mobile phone – which impact the elderly and those with low incomes the most.

The AHA recognizes the potential impact of telehealth on access to quality care and supports policies that ensure patients and healthcare providers are adequately reimbursed for it and have access to the benefits when it is clinically appropriate.

Thank you for your consideration. I ask that you vote inexpedient to legislate on HB 602.

Submitted By;

Nancy Vaughan
Government Relations - NH
American Heart Association
Nancy.vaughan@heart.org; 603-566-5658

Dartmouth-Hitchcock

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756-0001
Phone (603) 650-7549
Dartmouth-Hitchcock.org

February 2, 2021

Chairman Pearson
House Health, Human Services and Elderly Affairs Committee

Re: HB 602 – relative to reimbursement for telemedicine

Mr. Chairman and Members of the Committee,

I am writing in opposition to HB 602.

My name is William Torrey MD and I am Professor and Interim Chair of the Department of Psychiatry at Dartmouth's Geisel School of Medicine and Dartmouth-Hitchcock.

Our Department provides crisis, inpatient and outpatient services at Dartmouth-Hitchcock Medical Center and outpatient services across the State at D-H clinics in Nashua, Manchester, Concord, and Keene. We also have a large addiction treatment program and link closely with our colleagues in community mental health.

Suicide is the 8th most common cause of death in NH and the opioid epidemic continues unabated in our State. Access to mental health and addiction care at all times in NH is extremely difficult. With COVID-19, we were able to maintain our outpatient services by quickly shifting to tele-video and telephone care. In two weeks we went from <5% tele visits to 95% tele visits. We find that people with resources connect easily over tele-video but those without resources are only reachable by telephone. Over time, we find the people needing addiction care have the hardest time connecting by tele-video. We would lose many people from service, and likely from life, if we were not able to provide care over the telephone at this time while the pandemic still rages.

HB 602 threatens access to mental health and addiction services to patients in NH. Without adequate payment for services, the meager resources we have for this kind of care will fade further, bringing more and more people in crisis into overcrowded emergency room and further exacerbating the very high number of people waiting for a bed at New Hampshire Hospital.

Please do not hesitate to contact me if I can be of further assistance.

Thank you for your consideration.

William C. Torrey, MD

Professor and Interim Chair of the Department of Psychiatry
Dartmouth-Hitchcock

Dartmouth-Hitchcock
Substance Use & Mental Health Initiative

COVID-19 and Substance Use in New Hampshire

Survey Report, May 2020

Executive Summary

Survey methods

In order to elucidate the impact of the COVID-19 pandemic on drug use and people who use drugs (PWUD) in New Hampshire, an online survey exploring drug use patterns and COVID safety practices among PWUD was developed using Qualtrics software. The survey included 13 fixed choice response items and 3 opportunities for narrative responses and was emailed to 383 diverse stakeholders asking them to share their observations and to forward the link to other observers. Leaders of 11 relevant NH networks agreed to circulate the survey to their constituents. Total number of recipients is unknown.

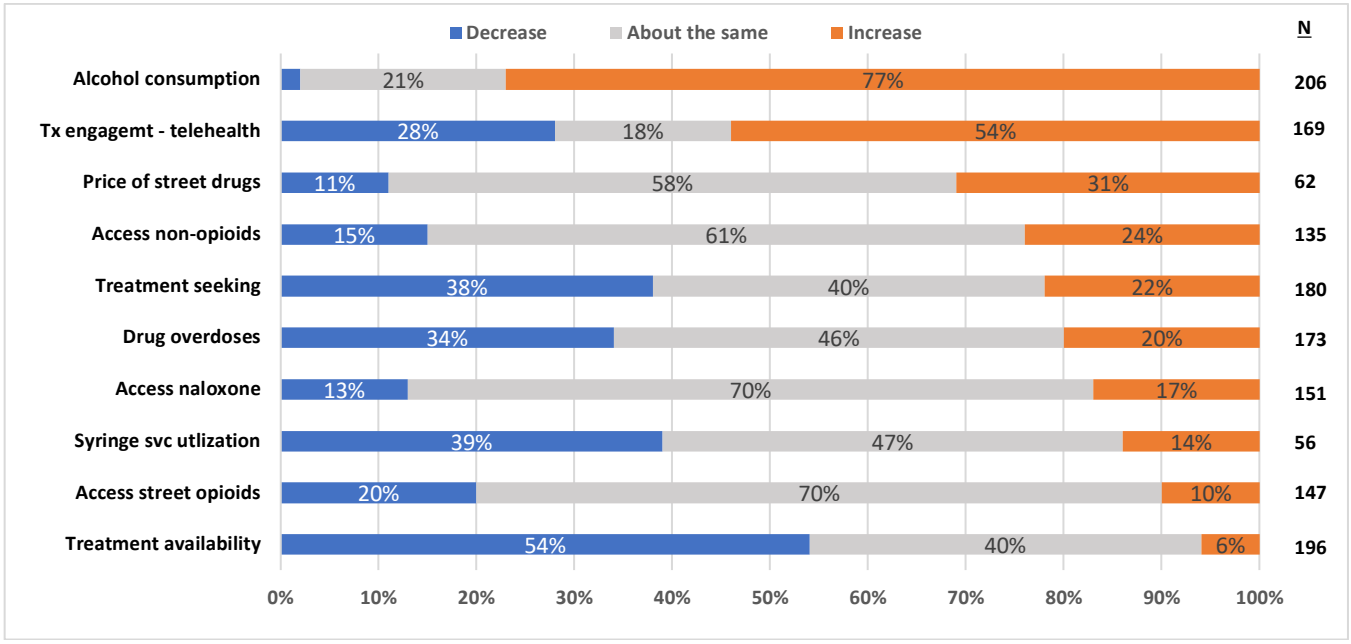
Findings

339 individuals responded, including 42% healthcare, 26% first responders, 24% community-based, 3% legal/justice/policy and 4% other observers, with responses from all 10 NH counties. 54% of responses were from non-metro (rural) counties and 46% from metro (more urban) areas as defined by Rural Urban Continuum Codes of the U.S. Department of Agriculture.

SUD Responses

Responses to 10 fixed choice items on substance use patterns across all observers and locations are shown in Summary Chart 1. Topics queried are listed in left margin and number of respondents providing a response other than "don't know" to each item is indicated on the right margin. Percent of responses observing "decreased", "about the same" and "increased" visually indicated.

Executive Summary Chart 1 – Please indicate your observations of changes in the following, if any, in your community since onset of COVID-19

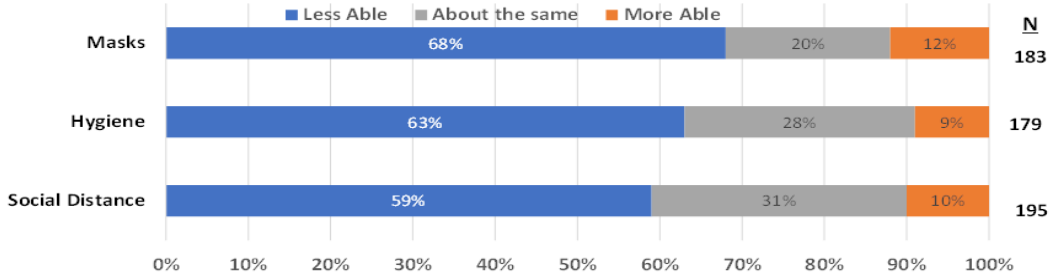


The 24% of observers who reported increased access to street drugs other than opioids were asked which drugs were increasing; they most frequently reported methamphetamine, cocaine and cannabis.

COVID Safety Practices Responses

Responses to fixed choice items related to ability of PWUD to engage in COVID safety practices across all observers and locations is shown in Chart 2. Chart structure is similar to Chart 1.

Executive Summary Chart 2 Please share your observations about the extent to which people with substance use in NH are able to engage in recommended safety behaviors compared with people without substance use



Variations by observer role and geographic location

Variation in observations between different observer roles and geographic perspectives were analyzed using unadjusted ordered logistical regression with the following findings (tables/charts in full report):

- First responders and healthcare observers were more likely to report decreased drug overdoses than community-based observers ($p<.05$)
- Community observers were more likely to report increased access to street opioids than healthcare or first responders though all groups most frequently reported no change ($p<.05$).
- First responders were less likely to report increased alcohol use than community and healthcare groups ($p<.05$) though over 50% of all groups reported increased use.
- Community-based observers were more likely to view PWUDs as less able to engage in hygiene practices compared with treatment providers and first responders ($p<.05$).
- Observers in metro areas were more likely to report decrease in opioid overdoses than those in non-metro areas ($p<.05$).
- Observers in non-metro areas more frequently reported that telehealth had increased engagement of patients in treatment than metro observers ($p<.05$).

Narratives Responses

162 narrative responses elaborated on observations related to drug use and COVID-19 safety among PWUD in NH. Key themes included telehealth, COVID -19 safety practices, drug use patterns, treatment access, naloxone use, and relapses concerns among others; illustrative comments are provided in Table 10 of the full report. An additional 68 comments focused on education needs to better support PWUD during COVID-19 and are summarized in the full report.

Key Survey Messages

Observations (integrating both fixed choice and narrative responses)

- Alcohol use is increasing in NH.
- Clear and consistent changes in opioid and street drug use were not observed across the State.
    - There may be regional and rural/urban differences in patterns of use

- Persons who use drugs (PWUD) may
    - Avoid EMS and healthcare engagement due to fear of COVID-19 exposure and may try to self-manage overdoses and other drug related problems.
    - Be less able to engage in COVID safety practices for many reasons, potentially increasing their vulnerability to contracting COVID-19.
    - Be unaware or dismissive of COVID-19 risks.
- Risks for relapse among previously stable persons in recovery are significant during COVID-19.
- Treatment access and paradigms of care are changing.
    - Telehealth has improved engagement for some and reduced engagement for others.
    - Many are not aware of and/or do not have access to telehealth opportunities.

Intervention Considerations

- To reduce harm among people who use drugs (PWUD)
    - Continue aggressive naloxone distribution through diverse venues.
    - Expand SSPs and street outreach for substance and COVID harm reduction, including
        - Education related to COVID-19 and risk reduction practices
        - Mask distribution and problem solving around difficulties in use
        - Identify opportunities for hand washing and other hygiene
    - Develop shelter and housing opportunities with good social distancing options.
    - Develop quarantine options for COVID exposed or affected persons with healthcare support.
- To reduce harm from rising alcohol and other drug use in association with COVID-19
    - Enhance screening for unhealthy alcohol and drug use in relevant health settings.
    - Promote public health messaging regarding physical, psychological and social harm of unhealthy alcohol use
        - Note alcohol and other drug use as potential drivers of anxiety, depression, domestic violence and diverse medical conditions.
- Optimize telehealth opportunities including both treatment and recovery supports
    - Increase public awareness of existing telehealth opportunities.
    - Provide telehealth means (wireless access, devices, etc.) to those without it.
    - Educate providers on telehealth therapeutic approaches to improve care.
    - Enhance patient accountability in the context of reduced supervision.
    - Advocate to retain positive gains of telehealth post COVID-19.
- Optimize safety of in-person treatment with enhanced COVID safety practices.

End Executive Summary

See full report for study details and contributors.
Please contact Seddon.Savage@dartmouth.edu with questions, comments, concerns..

Full Survey Report – COVID-19 & Substance Use in New Hampshire

Background

When the COVID-19 pandemic arrived in New Hampshire (NH) in early March 2020, the State was in the midst of a drug overdose epidemic that had been raging for over a decade. From 2006 to 2017 drug deaths in NH more than quadrupled, and in 2018 NH had the third highest per capita rate of opioid associated deaths among U.S. states.[1] However, in the context of intense and multifaceted efforts to address harmful opioid use, 2019 was the second consecutive year that closed with a small decrease in drug overdose deaths in New Hampshire.[2] Whether the reduction in deaths was due to reduced opioid use, increased treatment capacity, enhanced access to naloxone and/or other factors is not certain.

COVID's arrival in NH and its more immediate threat to larger segments of the population overwhelmed attention to the opioid epidemic. However, the opioid epidemic has not gone away and the pandemic has the potential to alter its evolution in ways that are not yet clear. It could disrupt drug and drug precursor supply lines changing availability of different street drugs, and it could alter access to harm reduction strategies such as use of naloxone and regional syringe service programs, as well as access to opioid and other substance use treatment. Depending on the directions of change, the pandemic could result in more -or fewer- drug overdoses, and it could drive people who use drugs (PWUD) into- or away from- treatment. Anecdotal reports regarding such changes have been abundant across the state, but no clear and consistent pattern of observed changes has emerged. Our survey was launched to begin to shed light on these issues.

Purpose

The primary objectives of the survey were to:

1. Determine what, if any, changes in drug availability, drug use patterns and practices, treatment seeking, and treatment access among PWUD have been observed by key stakeholders in the context of the COVID-19 pandemic in NH.
2. Determine how PWUD in NH have been observed to engage in COVID-19 risk reduction practices compared with people without drug use challenges.

The ultimate goal is to integrate these observations with other lines of evidence (medical examiner data, drug seizure data, EMS and public health data, etc.) to better understand the nature of drug use changes and special COVID vulnerabilities in order to help inform public health responses to support PWUD in NH during the COVID pandemic.

Survey methods

Key stakeholders with different perspectives on drug use in NH were queried regarding their observations of changes in substance use and related activities since the onset of COVID 19 and their observations of the extent to which people who use drugs (PWUD) are able to engage in practices to reduce the risk of contracting COVID.

Survey questions were entered into Qualtrics survey software, and a link to the online survey was emailed to potential respondents. The survey questions as they appeared online are attached as Appendix 1. Respondents were asked to indicate which of 11 roles best described their perspective (or to choose "other" with an option to describe) and to indicate the county in which they were making their observations or if their perspective was statewide. They were asked to respond to two queries with respect to several items each. The first related to observed changes in drug use and treatment

related issues in their communities, and the second related to the engagement of PWUDs in COVID safety practices. Each item had four response choices indicating observations of decreased/less, about the same, increased/more or don't know.

There were three opportunities for open-ended responses to 1) expand/clarify item responses, 2) provide additional observations related to COVID impact on SUD in NH, and 3) indicate education/information/resources needed to improve care or support for PWUD during the pandemic.

A link to the survey was initially emailed on April 21st to a list of 383 people who were members of an interest group associated with Dartmouth-Hitchcock Substance Use and Mental Health Initiative or of the Healthcare or Opioid Task Forces of the NH Governor's Commission on Alcohol and other Drugs. Recipients were invited to forward the survey to others in NH in a position to observe drug use patterns in NH. The survey closed 7 days later.

Follow-up emails were sent within 24 hours of the initial mailing to leaders of 12 statewide networks with a request that they circulate the survey to their constituents. Representatives of the 11 groups listed here indicated they would forward the survey, but the actual number of recipients is not known.

- NH Police Chiefs Association
- NH EMS
- NH Drug Courts
- NH Doorways Treatment System
- NH Recovery Hub
- Northeast NIDA Node
- NH Public Health Networks Continuum of Care & Prevention Coordinators
- New Futures
- Recovery Task Force NH Governors Commission on AOD
- Treatment Task Force of the NH Governors Commission on AOD
- NH Integrated Delivery Networks

The survey study was approved by the Dartmouth College Committee for the Protection of Human Subjects on April 17, 2020 as Study 00032053 and granted an exemption from further review.

Data Management

Data was transferred from Qualtrics to Stata/SE v.15.1 for analysis. Unadjusted ordered logistic regression was used to identify differences in regional and observer perspectives.

Regional differences were examined both by county and by metro/non-metro based on Rural Urban Continuum Codes.[3] Rural Urban Continuum Codes (RUCC) classify all U.S. counties on a urban-rural scale ranging from 1 (most urban) to 9 (most rural) with 1-3 being classified as Metro and 4-9 as non-Metro. Three NH counties are classified as Metro, including Hillsborough, Rockingham and Strafford, and 7 as non-Metro including Belknap, Carroll, Cheshire, Coos, Grafton, Merrimack and Sullivan. (Table 1)

Observer perspectives were collapsed from the 11 role/perspective codes in the survey to 4 for analysis in order to have sufficient statistical power to identify differences based on role/perspective. The 4 roles/perspectives were healthcare, first responder, community-based, and legislative/policy/justice. (Table 2) Due to the small number of respondents in the

legislative/policy/justice group, this group was not included in analysis. Twenty-five of 39 observers who coded themselves as "other" were subsequently assigned to one of the four observer groups based on their narrative description of their role and/or review of organization affiliation if shared. The remaining 14 did not easily fit a defined observer category and remained as "other".

Data was obtained from 339 respondents of whom 242 answered all questions on the survey. All item responses other than "don't know" were included in the analysis, whether or not the respondent completed the survey. Responses of "don't know" were taken to indicate inadequate observation to render an opinion and so were excluded from analysis. Therefore, the number of responses differ for different items. For example, for the item on drug prices, 77% of observers indicated "don't know" and only 23% offered observations which were included in analysis, while for alcohol consumption only 19% indicated "don't know" and 81% offered observations which were included in the analysis.

Findings

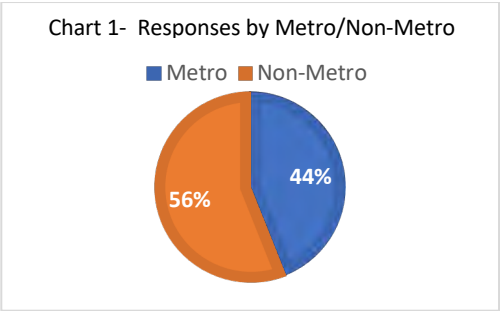
Respondents

The survey methodology did not permit calculation of a response rate since the number of actual recipients is not known.

Responses were obtained from each of the 10 NH counties (Table 1). Relatively low numbers of responses from some counties did not permit analysis for regional or geographic differences by county, therefore counties were divided into RUCC determined metro and non-metro counties to assess geographic differences. Fifty-six percent of respondents were classified as non-Metro and 44% Metro. (Chart 1). Statewide perspectives were not included in this calculation. The number of responses from each county, as well as the county designations as RUCC metro or non-metro and the specific RUCC code number are shown in Table 1.

Table 1- Location of Observation

NH County	*% of responses*	*# of responses*	*Rural Urban Continuum Codes (RUCC)*	
Belknap	7.20%	19	Non-Metro	4
Carroll	2.65%	7	Non-Metro	6
Cheshire	4.92%	13	Non-Metro	4
Coos	2.27%	6	Non-Metro	7
Grafton	14.39%	38	Non-Metro	5
Hillsborough	22.35%	59	Metro	2
Merrimack	15.15%	40	Non-Metro	4
Rockingham	8.33%	22	Metro	1
Strafford	8.71%	23	Metro	1
Sullivan	4.55%	12	Non-Metro	7
Statewide	9.47%	25		
	100%	264		



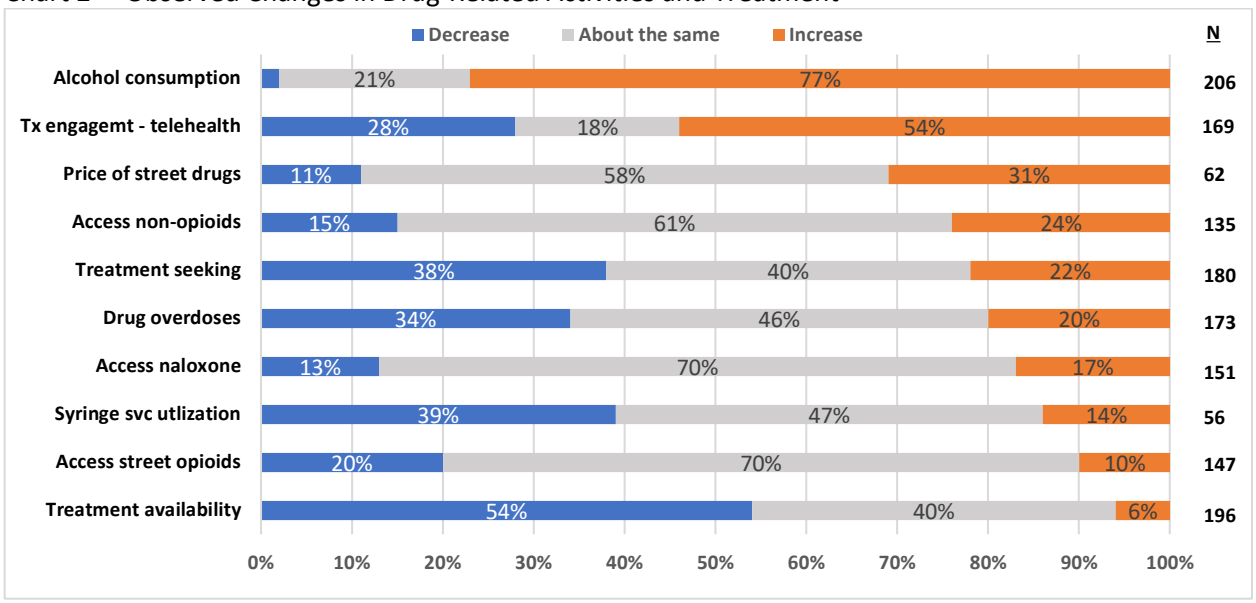
The 339 responses included observers from all observer with categories distributed as shown in Table 2. Nine respondents did not indicate a role.

Table 2 - Observer Perspective/Role		
Category	***N***	***N***
Healthcare		**139**
Addiction or mental health treatment	111	
Healthcare provider or staff (other than SUD-MH)	28	
First Responders		**80**
Emergency medical service (EMS)	58	
Law enforcement	22	
Legal, policy, justice systems		**11**
Legislative, policy, advocacy	2	
Corrections system	4	
Judicial system	5	
Community based perspectives		**86**
Harm reduction, syringe service or similar	1	
Person with drug use (PDU) or family/friend	6	
Recovery support system	46	
Community-based prevention or intervention	33	
Other	**14**	**14**
Total Observer Role Responses:	**330**	**330**

Observed Changes in Drug- Related Activities and Treatment

Observed changes in drug and treatment-related items for the respondent group as whole (including all NH regions and all observer perspectives) are shown in Chart 2. "Don't know" responses are not included and were large for many items making the actual number of reported observations variable for the different items; numbers of responses (N) for each item, excluding "don't know" or no answer, are noted in right hand column.

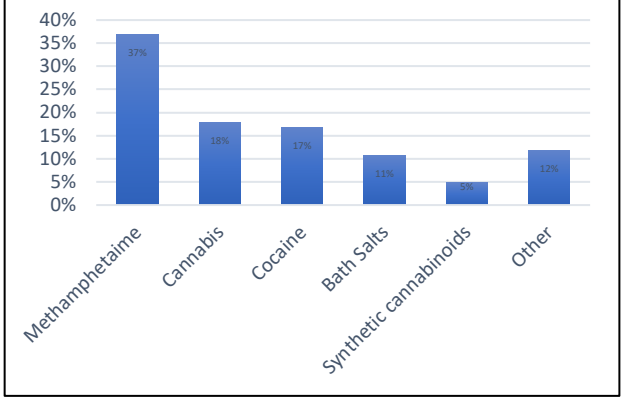
Chart 2 – Observed Changes in Drug-Related Activities and Treatment



The item for which there was greatest apparent consensus was observed changes in alcohol use with 77% of observers agreeing that alcohol use has increased in NH since the onset of COVID-19 and only 2% reporting a decrease.

70% of observers reported no apparent change in access to street opioid with the remainder divided, 20% noting decrease and 11% increase. Sixty-one percent reported no change in access to other street drugs with 24% reporting increased access and 15% decreased. For the 24% (N=34) who observed increased access to non-opioid street drugs, the most frequently mentioned increases were in methamphetamine (37% of mentions) , followed by cannabis (18%) and cocaine (17%), followed by bath salts (11%) and synthetic cannabinoids (5%) and other 12% (other included 4 mentions of alcohol, 3 fentanyl/heroin and 1 Suboxone). (Chart 3)

Chart 3 - If you have observed an increase in non-opioid drugs, what drugs appear increased?
34 observer responses with 65 drug mentions



Observations regarding drug overdoses were mixed, with 34% observing them to be decreased, 46% about the same and 20% increased; however, there appeared to be some regional and observer variability (see Differences sections).

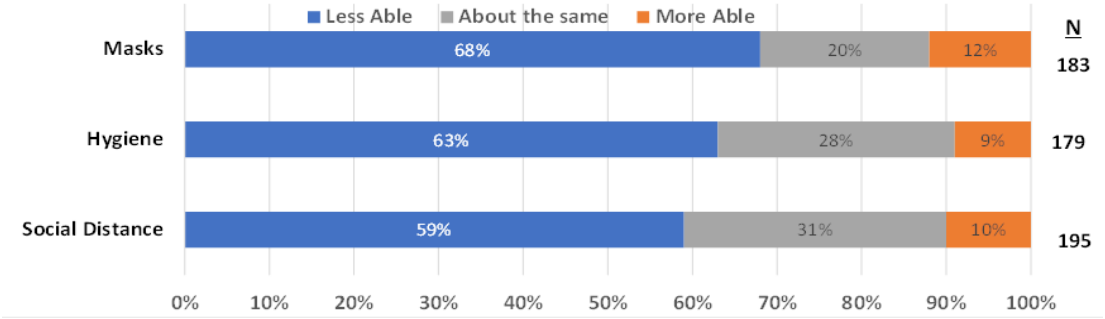
54% of respondents observed a decrease in treatment availability since onset of COVID while 40% observed it to be about the same with only 6% endorsing an increase. Observations about treatment seeking were mixed with 38% reporting it was decreased, 40% unchanged and 22% reporting an increase. While these combined observations, weighing towards decrease in treatment availability and decrease or no change in treatment-seeking, would suggest reduced overall engagement in treatment, 54% of respondents agreed that telehealth had increased engagement in treatment with 18% noting about the same and 28% decreased engagement. There were some urban-rural differences in telehealth responses (see Geographic differences section) and the narrative comments provided rich caveats regarding both the value and limitations of telehealth for SUD (see Narrative section).

A high number of respondents endorsed “don’t know” for change in drug prices and access to syringe service programs (SSP) leaving only 62 and 56 responses respectively offering an opinion. However, of those who provided observations, observations on drug prices weighed towards increased (31%) or unchanged (58%) with 11% decreased, while SSP access weighed towards decreased (39%) or unchanged (46%) with 14% increased. Naloxone availability was largely observed to be unchanged (70%) with decreased (13%) and increased (17%).

Observations of COVID Safety Practices

Observations regarding the extent to which people who use drugs (PWUD) are able to engage in COVID safety practices compared with people without substance use are shown in Table 4.

Chart 4 – Engagement of PWUD in COVID Safety Practices



Respondents largely agreed that PWUD are less able to engage in COVID safety practices than others with 68% observing they are less able to use masks, 63% less able to optimize hygiene practices, and 59% less able to engage in social distancing. Many observers offered comments elucidating these some of their challenges. (See Narrative section).

Perspective/role differences in observations

First responders and healthcare observers were more likely to report they observed decreased drug overdoses than community-based observers who more frequently reported an increase ($p<.05$) (Table 3). Community observers were also more likely to report increased access to street opioids than healthcare or first responders though all groups most frequently reported no change ($p<.05$) (Table 4). While over fifty percent of first responders endorsed observation of increased alcohol consumption, they were significantly less likely to do so compared to community and healthcare groups ($p<.05$) (Table 5). Community-based observers were more likely to view PWUDs as less able to engage in hygiene when compared with treatment providers and first responders. ($p<.05$) (Table 6)

Table 3 - **Drug Overdoses**- Differences by Observer Role

N = # responses	N	Decrease	Same	Increase	P-value
Community	36	7	12	17	0.008
First responders	65	23	36	6	0.58
Treatment	64	23	30	11	Ref

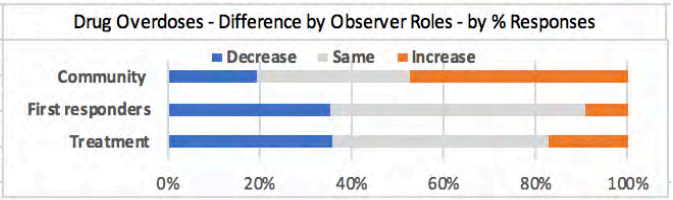


Table 4 - **Street Opioid Access** – Differences by Observer Role

N = # responses	N	Decrease	Same	Increase	P-value
Community	38	4	25	9	0.013
First responders	40	10	27	3	0.732
Treatment	64	12	49	3	Ref

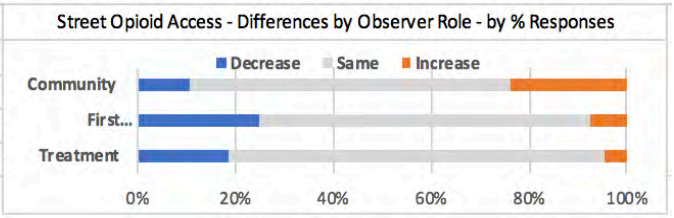


Table 5 - **Alcohol Consumption** – Differences by Observer Role

N = # responses	N	Decrease	Same	Increase	P-value
Community	51	0	5	46	0.061
First responders	58	2	22	34	0.01
Treatment	91	2	16	73	Ref

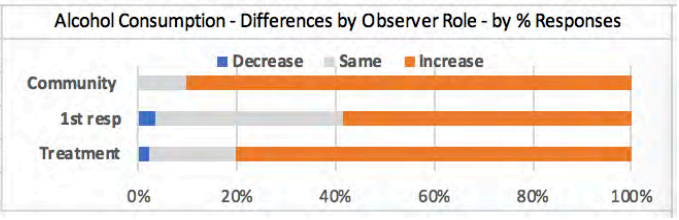
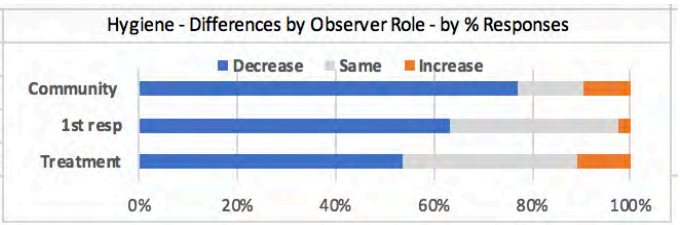


Table 6 - **Hygiene** – Differences by Observer Role

N = # responses	N	Decrease	Same	Increase	P-value
Community	52	40	7	5	0.005
First responders	41	26	14	1	0.174
Treatment	82	44	29	9	Ref



Geographic differences in observations

There were no significant differences in observation of substance use issues or COVID safety practices by county. However, when counties classified as metro counties using rural urban continuum codes (RUCC) were aggregated and compared with non-metro counties, observers in metro areas were more likely to report decrease in opioid overdoses than those in non-metro areas ($p<.05$) (Table 7). Non-metro observers more frequently reported that telehealth had increased engagement of patients in treatment than metro observers ($p<.05$) (Table 8). Other findings did not vary by rural-urban status.

Table 7 - **Drug Overdoses** - Geographic Differences

N = # responses	N	Decrease	Same	Increase	P-value
Non-metro	77	20	37	20	1
Metro	78	30	35	13	0.048

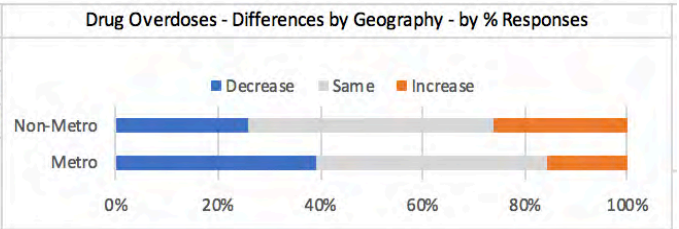
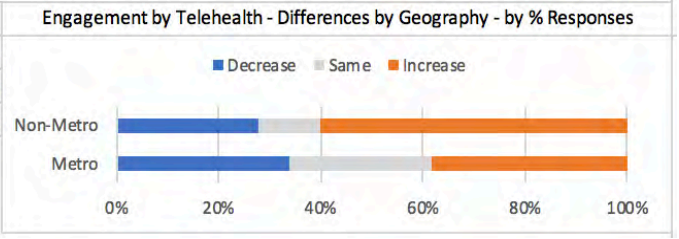


Table 8 - **Engagement by Telehealth** - Geographic differences

N = # responses	N	Decrease	Same	Increase	P-value
Non-Metro	83	23	10	50	1
Metro	68	23	19	26	0.035



Narrative Data

Survey respondents had three opportunities to provide open-ended text comments. Table 10 provides a summary of key narrative themes with illustrative comments. Some common narrative themes are discussed below. Responses from the first two narrative opportunities are considered together as there was significant overlap in themes. The third is discussed separately.

1. *Feel free to expand or qualify any of your answers above (followed query on the 10 drug-related and treatment items)*
2. *Please feel free to share any additional observations, comments or recommendations related to the impact of COVID 19 on people with substance use abuse disorder in NH?*

There were 86 individual text responses to opportunity 1 and 76 responses to opportunity 2. Between these 47 related to telehealth and technology, 37 related to COVID safety behaviors, 23 to drug use patterns, 21 treatment access or seeking, 9 relapse or relapse risks, 8 related to trust and belief issues, 4 to naloxone use, 3 to syringe service programs, and 25 to unique issues, not thematically related. Some responses mentioned more than one theme. Key themes are discussed below.

Comments reflected divergent experiences with telehealth. There were many comments on the inherently less personal nature of telehealth and telehealth recovery services, the less "energetic quality" of telehealth services, and how these do not meet recovery needs for human contact. Despite robust online resources in the state listed at key websites, some observers felt that many people are not aware of opportunities for engagement in telehealth and tele-recovery services and it was noted that many clients with SUDs lack the technology resources to participate.

At the same time a roughly equal number commented on positive aspects of telehealth noting it had made it easier for some patients to engage in treatment, overcoming transportation, childcare and other barriers, permitting better attendance at groups and allowing greater comfort in discussing difficult issues than face to face sessions. Some voiced their hope that robust telehealth services would continue post-COVID 19.

Regarding treatment access, several respondents noted challenges getting patients into higher levels of care, such as IOPs or inpatient treatment. They noted COVID screening procedures interfered with access and perceived that staffing was reduced in some settings either due to furloughs or staff concerns about the ability to social distance in treatment settings.

A number of respondents observed that there was reticence among some drug users to call 911 or go to ERs with overdoses due to fears of COVID exposure and that many were relying on their own naloxone supplies to manage overdoses; concern was expressed that this could result in increased overdose deaths.

A number of observers reported increasing relapse and risk for relapse in people both in early recovery and in people in previously stable long term recovery due to lack of in person group support, social isolation, closing of recovery housing and less supervision of recovery, for example lack of urine drug screening and associated accountability.

Observers enumerated many reasons that engagement in safety practices may be more difficult for persons who use drugs (PWUD**),** potentially putting them at greater risk of contracting COVID**.** Among these:

- Many lack regular access to news and information, so their understanding of COVID risks and safety measure may be limited.
- Even when information is available, many lack trust in media or government and do not believe COVID concerns or that safety behaviors will make a difference. Some perceive conspiracies.
- Some drug users engage in manual labor or other jobs at which social distancing may be difficult or impossible
- Housing insecurity creates challenges for social distancing and hygiene
    - May lack consistent access to bathrooms due to lack of housing and because fast food restaurants, libraries, community centers which provide access, are closed.
    - Many couch surf and stay with different people different nights or in crowded shelters amplifying potential for COVID exposure.

    - If exposed to or experiencing COVID, quarantine opportunities are few.
- Masks are difficult to find and purchase may not be possible.
    - Even when available, many have difficulty wearing masks due to
        - Anxiety, hypersensitivity
        - Respiratory problems, some related to higher rates of tobacco use.
- The impulse to use drugs may be stronger than fear of COVID
    - Use requires close interactions with others to procure drugs and paraphernalia.
    - Many people elect to not socially distance due to fear of over-dosing alone.

3. *Is there any information/education/training that would improve your ability to address the impact of COVID-19 on people with substance use and use disorder in NH?*

There were 68 individual responses which identified educational or information needs in the following areas.

- Education for providers on
    - How to better conduct group and individual therapy and SUD recovery supports via telehealth. (9) Especially for intensive outpatient treatment programs (IOPs) and higher levels of care (3)
    - Self-care for providers (1)
    - Information on drug trends and how to address newer drugs. (1)
- Education for PWUD on
    - Current treatment and recovery resources (10) (also share with helpers)
    - COVID Safety (5)
    - Harm reduction (4)
- Need resources per se, not education (masks, gloves, money, etc) (6)
- Other comments, not education suggestions (17)
- Don't know/unsure/non-sequitor (13)

Table 10 - Narrative themes and sample illustrative quotes

Theme	Illustrative quote
Alcohol use is increasing	"In my region, alcohol consumption has become the primary substance of choice. "Someone posted to FB said, hmm "do you think it's bad if I have a drink during my telehealth session?" "The past few weeks, there's typically been someone with a blood alcohol level over 400 daily which we only used to see about weekly." "Seeing increased alcohol consumption, amongst those with and without a diagnosed alcohol use disorder, as a mechanism for coping with stress related to COVID-19. "Clients are reporting being able to use more alcohol undetected as they are working from home."
Telehealth- mixed clinical responses	"The expansion of telehealth capabilities in SUD treatment has been a major benefit from the otherwise devastating global pandemic. " "Some clients seem more willing to share and talk about difficult topics on this venue, and others find it hard to talk at all due to the lack of human connection." "Telehealth services do not provide the 'energetic quality' provided in person with face to face mtgs. This increases risk for the most vulnerable"
Telehealth access challenges	"Many patients do not have access to unlimited cell service. Some don't have video-capable phones and most don't have computers" "Rural living, combined with erratic connectivity, clients without computers or smart phones, along with partial closures of treatment, have made it difficult for those needing connection and treatment."
Naloxone use & opioid overdoses	"Information from the field is that narcan is being used a lot - two users covering for each other - if one uses and overdoses second person admin. narcan - which has been widely distributed They have organically begun to do this out of fear of COVIN 19 and being brought to an emergency room." "We are not sure about how many overdoses are actually happening because although the number of patients going to the hospital has decreased, we think this is because people aren't calling 9-1-1" "We have seen several overdoses who have either refused to go to the ER or who report they had to be narcaned and sought no assistance."

Changing drug use patterns	"Methamphetamine use has increased significantly, most often being mixed with opioids and other drugs." "More alcohol and methamphetamine use, decrease in fentanyl availability likely due to border closings…" "Use of Cannabis as well as alcohol has increased dramatically. "Telemedicine without face to face for the first appointment is flooding suboxone into diversion"
Relapse & relapse risks	"Isolation and lack of access to recovery supports and treatment has caused a great many with a life-threatening issue." "Recovery residences are reporting significant increase in relapses of their residents." "Social distancing is seriously increasing stress and anxiety on those in recovery. Recovery is based on a peer model that is social in nature" "From the work that I do I have seen more people relapsing during the pandemic." "Due to COVID, many patients have increased anxiety. As far as relapse vs those maintaining stability I would say its 50/50."
Changing access to treatment	"While accessing treatment has not been impossible, it has definitely been more time consuming and trickier to navigate. Every day the resource availability may change from place to place" We have been trying to get clients into a higher level (IOP is our highest) of care when needed and was very difficult. We have noticed a decrease in availability of treatment due to facilities closing down or just putting people on a wait list.
COVID-19 Safety	"Those currently in active addiction may not be aware of the severity of COVID19." "They do not have access to proper PPE and a lot of the time their survival relies on them sharing resources with one another. This unfortunately is not always sanitary." "Clients with addiction don't always have consistent places to sleep, shower, eat so they are forced to seek out options to do so on a daily basis. This sometimes leads to their having to interact with different individuals from day to day." "I believe that a majority of the population we serve do not have the resources for personal safety coupled with lack of fear."
Social Distancing	"You can't social distance in a tent or a shelter, or at least it's a lot more difficult." "Clients are reporting that they are not social distancing as much as recommended due to fear of overdosing while alone… continuing to venture out…and engage in substance use together for harm reduction." "Many of the jobs they have are manual labor and this reduces their options for social distancing"
Masks	"Hospitals are making back alley deals for PPE, how are people who are addicted supposed to get a mask & gloves?" "I am struck by [patients] inability to tolerate the discomfort of a mask, difficult to use a mask if you have anxiety issues" "Many are also loath to wear masks given high proportion of cigarette smokers/vapers"
Personal Hygiene	"Regular make-shift sources of hygiene access (local homeless cafe, libraries, community centers, etc) are all closed." "Not being able to take care of themselves in regards to SUD or MHD, they may be unable to wash their hands or shower, maybe no money for hand sanitizer let alone food and shelter". "Unless already connected with a treatment team, their ability to acquire hand sanitizer and masks is greatly diminished."

Discussion

While our survey responses did not clarify the direction of change, if any, in opioid and street drug use, it is clear that a large majority of respondents observe alcohol use to be rising in the State. This is consistent with national data suggesting alcohol sales rose by 32% for spirits, 27% for wine and 15% for beer for the period of March 7th to April 25, 2020 compared to the same period one year ago.[4] And it is not surprising that in a time of extraordinary stress when many are seeking relief, use of our most readily available intoxicant is increasing.

Increased alcohol use has implications for the population as whole, in addition to persons with identified alcohol or other substance use disorders. Increased alcohol use across the population almost certainly means unhealthy alcohol use by many, increasing risks for alcohol-associated morbidity including serious hepatic and gastrointestinal dysfunction, cardiovascular problems, accidents, evolution of alcohol use disorder and others. In addition, there is risk of increased psychosocial problems often associated with alcohol misuse, including anxiety and depression, interpersonal distress, domestic violence, and abuse. There have been reports of rising domestic abuse in association with COVID-19[5] and it is quite possible that increased alcohol use, in addition to isolation and other stressors, is a contributor.

Among respondents who observed increase in street drug use, methamphetamine, cocaine and cannabis were the top three drugs observed to be rising in use. The NH Therapeutic Cannabis Program noted a 20% rise in cannabis sales at NH cannabis dispensaries in March.[6] Similar to increased food sales reported in March, this increase may simply reflect stocking up on a valued therapeutic product due to fear of shortages or buying more at one time in order to make fewer trips out. However, the possibility of a shift in cannabis use from the original therapeutic indication for which the individual was certified

to self-medication of stress or boredom and the possibility of sharing with non-certified persons for similar purposes must be considered. While not necessarily intrinsically harmful used in this way, cannabis use, like alcohol and other drug use should be monitored by healthcare providers and servants of the public health to assure that use intended for relief, does not end up generating harm.

It is important to consider opportunities for intervention both at individual and societal levels. Alcohol and other drug screening in all types of clinical practices with brief counseling or referral to treatment as indicated is of paramount importance at this time. Public education regarding signs and symptoms of alcohol associated physical, social and psychologic problems are critical too; all too often the secondary problems associated with alcohol are misattributed and alcohol never identified and addressed as a contributing cause.

The differing observations of first responders and healthcare workers with those of community observers regarding drug overdoses is worth noting. Narrative comments suggest greater use of naloxone in the community with fear of calling 911 or going to an ER due to perceptions of risk of COVID exposure in healthcare settings. Community observers may be observing overdoses that are increasingly managed in the community without EMS or hospital intervention, so that EMS and healthcare providers observe a decrease. While the impact of such management may become clearer as medical examiner numbers on overdose mortality data become available, the observation underscores the importance of continuing aggressive naloxone distribution to the community and a need for public education on balancing the relatively low risk of COVID exposure in association with NH health systems with the risk of fatal overdose.

Treatment access has been greatly enhanced in NH over the past two years with the development of the regional Doorway system and expansion of both private and public treatment options. Our survey findings suggest, however, that COVID 19 may have reduced use of this capacity due to fear of contagion, furloughing of staff, and emergence of other barriers to treatment. Respondents articulated concerns particularly about availability of treatment at IOP and residential levels. Telehealth has been rapidly expanded in an effort to meet treatment needs, but observer responses affirm that, while this may improve engagement for some, limitations in technology access and the less personal nature of remote interaction may limit effectiveness for others. Education to help improve the quality and effectiveness of group and individual therapy via telehealth was the most frequently mentioned educational need.

The difficulty of PWUD in engaging in COVID-19 safety practices highlights a new set of vulnerabilities of this population. Outreach education is needed to be sure PWUD are aware of the health risks of COVID-19 and of strategies to reduce the risk of acquiring the infection. Practical interventions are also needed. Public health interventions might include mask distribution- perhaps through SSPs or other outreach services-, housing/shelter opportunities that support social distancing, consistent opportunities for hand washing and showering, and better access to technology to assist PWUD in accessing critical information and in participating in treatment, recovery or other virtual community activities.

While we did not specifically ask observers to rate observations of relapse, both relapse and relapse risks were mentioned frequently in open-ended responses. It is important to promote increased public awareness of currently existing online recovery supports and treatment opportunities and to develop safe paradigms for in-person care during the COVID pandemic for people for whom in person meetings and sessions are more effective.

As the COVID 19 pandemic continues and changes, we anticipate continuing changes to drug access, use patterns and treatment engagement. We intend to repeat revised versions of this survey at intervals going forward to gather observations as the pandemic and its impact on PWUD changes.

Limitations

Our data, both the item response choices that we have analyzed using quantitative methods and the narrative responses that have been arranged thematically, are fundamentally subjective and as such, are prey to observer bias, faulty recollection and other potential distortions inherent in subjective reporting. Our findings should be understood as qualitative and used in conjunction with more objective quantifiable data (drug seizure data, overdose death data, treatment episodes and others) to provide a fuller picture of the status of substance use and its risks in NH. The survey's value is likely more in elucidation, than in clear characterization of these issues.

The survey was launched quickly in the context of the rapidly changing COVID-19 epidemic, with relatively little capacity to gather input from key stakeholders regarding either content inclusions or dissemination mechanisms. This led to some oversights, most notably perhaps not including an item asking about observations of relapse in previously stable individuals. In addition, engagement of key stakeholder organizations in the development process would likely have netted more numerous responses and a more controlled and methodical sampling strategy.

While the survey garnered responses from all counties in NH and from a diversity of observer perspectives, open circulation of the survey resulted in an unknown response rate which makes it difficult to determine how representative the sample is. In addition, our relatively low number of responses did not afford the statistical power to tease out many regional or observer differences.

In setting up our survey, we inadvertently allowed individuals to skip individual item responses. While skipping items may have been a de facto proxy for the choice "don't know" we can't know this for sure, so the skipped questions remain open to interpretation. In addition, some respondents did not enter regional and observer identification data which diluted our ability to use these in analysis.

Conclusions

While the direction of changes in opioid and other street drug use were not clearly elucidated by this survey, it is clear that respondents observe alcohol use to be rising in the state. Actions at clinical and societal levels to educate, recognize and intervene in unhealthy alcohol use are critical to avoid a wave of increased alcohol-related morbidity, mortality and social harm as a consequence of COVID-19 associated distress, potentially compounding the challenges of the pre-existing opioid epidemic. Optimizing technology access, increasing quality and availability of telehealth treatment and recovery services, and enhancing public awareness of these opportunities is important to reduce substance-related harm during the COVID Era, and possibly going forward. Early advocacy for retention of those elements of telehealth that have proven safe and effective will help retain positive gains when emergency orders are no longer in effect as COVID resolves. At the same time, safe strategies to provide in-person treatment and groups to support recovery during COVID for those for whom virtual care is unsatisfactory are needed. Outreach to people who use drugs that supports social distancing, mask wearing, and increased opportunities for personal hygiene is needed to reduce their risk of developing COVID. Continued aggressive distribution of naloxone is critical as some PWUD appear to

avoid calling 911 or presenting to emergency rooms with overdoses due to fear of COVID-19. In addition, education on balancing the relatively low risk of contracting COVID in the state health systems with the risk of inadequately treated overdose, infections or other substance-related problems is needed.

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Many thanks to all who participated for sharing their observations and to all who generously circulated the survey to others.

Report released May 22nd, 2020.
Updated with Executive Summary, May 27th, 2020

COVID-19 & Substance Use in NH Survey team: Seddon Savage, Charlie Brackett, Luke Archibald, Sally Kraft, Aurora Drew, Heather Carlos, Laura Fineberg, and Ariel Pike. Dartmouth Hitchcock Substance Use and Mental Health Initiative.

Please contact Seddon Savage with questions or comments. Seddon.savage@dartmouth.edu

Appendix 1 – COVID & SUD in NH Survey Questions

COVID survey questions

Start of Block: Default Question Block

This research project is being conducted by researchers at Dartmouth College, Hanover, NH, USA. It is a study of substance use patterns in NH during COVID-19. This short survey should only take about 3 minutes. Your participation is voluntary. Dartmouth researchers will not hold any information that identifies you unless you voluntarily provide an email address to receive the results of the survey. However, any online interaction carries some risk of being accessed. Completing the survey indicates your consent.

Q1 Please indicate your major role or predominant perspective with regard to substance use issues (choose one)

- O Addiction or mental health treatment providers of staff (1)
- O Healthcare provider or staff (other than behavior health specialty) (2)
- O Emergency medical service (EMS) (3)
- O Law enforcement (4)
- O Corrections system (5)
- O Judicial system (6)
- O Legislative, policy, advocacy (7)
- O Harm reduction, syringe service or similar (8)
- O Recovery support system (9)
- O Person with drug use (PDU) or family member of PDU (10)
- O Community-based prevention or intervention (11)
- O Other (please specify, text box will appear on next page) (12)

Display This Question:

Please indicate your major role or predominant perspective with regard to substance use issues (c... = Other (please specify, text box will appear on next page)

Q1a Other:

_____

Q2 (Optional) Name of the organization, agency or other with which you work

_____

Q3 Please indicate in what NH county you are primarily making your observations or indicate if your role/perspective is more statewide.

- O Belknap (1)
- O Carroll (2)
- O Cheshire (3)
- O Coos (4)
- O Grafton (5)
- O Hillsborough (6)
- O Merrimack (7)
- O Rockingham (8)
- O Strafford (9)
- O Sullivan (10)
- O Statewide perspective (11)

Q4 Please share your observations of changes in the following, if any, in your community since COVID 19 entered our communities:

	Increased (1)	Decreased (2)	About the same (3)	Don't know (4)
Access to street opioids (fentanyl, heroin, etc.) (1)	☐	☐	☐	☐
Access to other street drugs (2)	☐	☐	☐	☐
Price of street drugs (10)	☐	☐	☐	☐
Drug overdoses (3)	☐	☐	☐	☐
Alcohol consumption (4)	☐	☐	☐	☐
Syringe service utilization (5)	☐	☐	☐	☐
Access to naloxone (Narcan) (6)	☐	☐	☐	☐
Treatment seeking by people with SUD (7)	☐	☐	☐	☐
Treatment availability for people seeking it (8)	☐	☐	☐	☐
Impact of telehealth on patient engagement (9)	☐	☐	☐	☐

Q4a Feel free to expand or qualify any of your answers above.

_____

_____

_____

_____

_____

Display This Question:

If Please share your observations of changes in the following, if any, in your community since COVID... = Access to other street drugs [Increased]

Q5 Please indicate which, if any, of the following drugs appear increased in use or availability since onset of COVID 19 (Check all that apply)

- ☐ Cannabis (1)
- ☐ Methamphetamine (2)
- ☐ Bath Salts (3)
- ☐ Cocaine (4)
- ☐ Synthetic cannabinoids (5)
- ☐ Other (please specify, text box will appear) (6)

Display This Question:

If Please indicate which, if any, of the following drugs appear increased in use or availability sin... = Other (please specify, text box will appear)

Q5a Other:

_____

Q6 Please share your observations about the extent to which people with substance use disorders in N.H. are able to engage in recommended COVID 19 safety beahviors compared with people without substance use.

	More able (1)	Less able (2)	About the same (3)	Don't know (4)
Social distancing (1)	O	O	O	O
Personal hygiene/handwashing (2)	O	O	O	O
Use of masks in public (3)	O	O	O	O

Q7 Please feel free to share any additional observations, comments, or recommendations related to the impact of COVID 19 on people with substance use and use disorders in NH

_____

_____

_____

_____

_____

Q8 Is there any information/education/training that would improve your ability to address the impact of COVID 19 on people with substance use and use disorders in NH?

_____

_____

_____

_____

_____

Q9 If you would like to recieve findings from this survey, please provide an email address (results will also be posted at https://med.dartmouth-hitchcock.org/sumhi.html):

_____

Thank you for your participation. Questions about this project may be directed to Seddon.R.Savage@Dartmouth.edu

End of Block: Default Question Block

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

February 1, 2021

HOUSE BILL: 602-FN
AN ACT: relative to reimbursements for telemedicine.
SPONSORS: Rep. Edwards, Rock. 4; Rep. J. Osborne, Rock. 4; Rep. Hunt, Ches. 11
COMMITTEE: Health, Human Services and Elderly Affairs

Dear Chairman Mark Pearson Vice Chairman William Marsh,

I am writing regarding the implicit logic and rational for parity in healthcare reimbursement as being independent from the modality care was provided, specific to the bill as denoted above.

The provision of healthcare is a sacrosanct relational and transactional matter predicated upon trust between and amongst the healthcare professional provider and the patient. This trust is founded upon the healthcare being a professional, whereby a professional is an individual that includes and is not limited to the practice in a definable field, has competency-based expertise, and is a member of a professional body such as a board of medical licensing and as such maintains a particular level of professional sovereignty.

A professional sovereignty that encompasses the curation of a body of knowledge that is used to diagnose and treat and henceforth be commoditized as the valued element of the patient provide experience (relational and transactional) such that the patient receives value, and the professional healthcare provider receives compensation for the services rendered to the patient.

This value, that being between the professional healthcare provider and the patient is independent of and transferable across time and distance therefore independent of the modality by which the care was provided. By example and by history the professional healthcare provider has provided value through their curated knowledge-based services by attending to their patients at the patient home, at the professional healthcare provider's office, in any other location mutually agreeable to the professional healthcare provider add the patient.

In the provision of the professional healthcare provider and patient encounter (relational / transactional) of care i.e., diagnosis and treatment between the professional healthcare provider and the patient, the care proceeds as follows:

- Professional healthcare provider / patient encounter
- Documented
- Coded
- Billed
- Reimbursed

As such the value of the professional healthcare provider / patient encounter is predicated upon the diagnosis and treatment plan regardless of how and where this was provided (within legal and ethical purview which should go without saying).

The addition of "telemedicine" as modality of care does not change the value of the professional healthcare provider / patient encounter. When the professional healthcare provider / patient encounter occurs, it is documented, coded, billed, and reimbursed based upon the diagnosis and treatment plan. As this is the commodified and agreed upon value of the professional healthcare provider / patient encounter.

The modality of the professional healthcare provider / patient encounter is co-determined by the sacrosanct nature of the professional healthcare provider / patient relationship and informed by the patient situation and the professional healthcare providers informed decision of the best modality of treatment, e.g., emergency department visit, hospitalization, patient visit at patient home, patient visit at professional health care provider office, telephone, audio/visual platform, etc.,

What is being reimbursed is the diagnosis and treatment plan and this plan as documented, coded, billed, and reimbursed.

As will all professionals and their interactions with their customers, the customer pays for a diagnosis and treatment plan for what they the customer cannot due and what the professional can.

If I thought that it would be less expensive to call my lawyer rather than visit them in their office, I would never visit their office. However, the value I receive is based on their curated professional knowledge of the law a knowledge that is independent from the modality of which they resolve my legal challenge. As such the professional healthcare provider being a curator of professional knowledge uses this knowledge to address my medical challenge, again independent of modality of care and with reasonable expectation to paid as such.

As always, I appreciate and am grateful for your time and effort on behalf or your constituents, our patients.

Please feel free to contact me if you have any questions on the importance of telehealth as a modality for my patients, my staff, my health center.

Be mindful, be active, and be well,

Ed

Edward D Shanshala II, MSHSA, MSED
CEO
603-991-7756 (cell)
Ed.Shanshala@ACHS-Inc.Org

HB 602

As a practicing family physician of 34 years and a past director of two telemedicine programs, I speak **against** passage of this bill in the strongest voice possible. The practice of medicine and access to medicine made a major advance in 2020 when telemedicine (audio only and audio/video) were made standard of care and reimbursed in parity with office care, a transformation that needed to happen 2 decades ago but took a pandemic to make a reality. Unfortunately, HB 602 is regressive, and if passed, will cause harm to patients.

We now have a full year of telemedicine experience here in NH. In my clinic, we near exclusively did telemedicine from March 2020 to June 2020. During that time, in a clinic that has 40,000 visits/year, we only needed to bring 5-10 patients into clinic per week for an exam. (When this happens, patients are only billed once. Thus, if the medical problem ends up not being able to be managed via telemedicine, there is no additional charge for the in-person office visit.) We had no bad outcomes. About 50% of those visits were audio only. Since this experience, we have continued to use telemedicine as part of routine care with sustained good success. This would not be happening without reimbursement parity between in-person visits and telemedicine visits and reimbursement parity between audio with video. Currently, about 25% of our telemedicine visits are audio only.

Audio telemedicine care is care that needs to be offered and paid for, pandemic or no pandemic. This is especially true in a rural state like ours that has long distances for some to travel to receive care and one that has long winters with storms making roads too dangerous to drive on. Additionally, audio care is ideal for the elderly. It allows them to receive care without having to leave their home. Audio care in this population is safe and better care for many reasons. It does not require driving or transportation, and easier access to care reduces elderly patients from "putting off' a needed visit just because it is "too far", the "weather is bad", or "I don't want to bother anyone to take me." Without audio care access, elderly often delay care hoping the problem "will go away on its own." (Elderly tend to have trouble managing video access via computers and most often prefer audio [phone] telemedicine.)

It should be noted that the greater the access to primary care in a community, the better the outcomes and the lower are the overall health care costs, something that should be appealing to insurance companies in terms of saving money. Therefore, it does not make sense to limit primary care access by creating barriers to audio care.

It is also important to recognize that when patients are scheduled for a telemedicine visit (video) and for one reason or another, the video does not work, the visit is converted to an audio visit. If audio visits are not covered fully, those visits are not going to happen as frequently, and when they do, they will more likely be for the wealthy who can pay for that care. This creates a health disparities issue, and if HB 602 passes, it would be knowing that it will widen the health disparities gap.

From a basic care stand of point, physicians are the ones having to take responsibility for the medical care and can better judge that quality and need than insurance companies, and we know from 12 months of experience that the video component is mostly not critical in providing care for the majority of primary care issues. The most important factor is having enough time protected (i.e., a visit slot in the clinic schedule) to be on the phone long enough to determine what the medical problem is and to make a treatment plan.

Louis A. Kazal, Jr., M.D NH Citizen Grafton County

February 1, 2021

New Hampshire House of Representatives
Health, Human Services and Elderly Affairs Committee
107 North Main Street
Concord, NH 03301

Mr. Chair and Members of the Committee,

I am Alicia Deaver and I represent Rise for baby and family, a non-profit based in Keene, NH. I am writing this letter in opposition of HB602.

In the midst of a global pandemic, when New Hampshire children with disabilities are struggling, Family Centered Early Supports and Services (FCESS) are more important than ever. While these services have traditionally been provided in the home or childcare setting, they have transitioned to telehealth services via video or phone due to the pandemic to follow the guidelines issued by the CDC and State of NH for operations. Given that each provider works with up to seven children and families per day, it is not in the best interest of professionals or the families served to go into multiple homes and childcare settings each day while coronavirus continues to be such a risk. While telehealth services have been a more challenging means of service delivery for both providers and families, it has become a successful means of more intentionally equipping parents to support their babies and toddlers and has proven to be a helpful resource to families during this incredibly stressful time.

Once the current situation with the pandemic is under control, Rise for baby and family will continue to use telehealth along with traditional service delivery methods. Our ability to remain flexible with our modes of equitable service delivery will allow families more choice over their health care options. All FCESS services are provided at no cost to the family; meaning that all children who need help to achieve their optimal developmental outcomes have access regardless of a family's ability to afford these supports. Rise for baby and family relies on private insurance and Medicaid billing for funding. Eliminating telehealth parity in NH at a time when the vast majority of FCESS services are provided via telehealth due to the coronavirus pandemic could be incredibly detrimental to Rise and directly impact the hundreds of children and families currently receiving desperately needed services.

Additionally, the passing of this bill effectively penalizes Rise for baby and family- and many other non-profits like us- for following CDC and State of NH guidelines and acting in the public interest during a pandemic. This will necessarily incentivize entities such as ours to act against the public interest if and when a similar situation arises.

For the sake of this non-profit organization and the many children and families in the Monadnock Region it serves, I urge you to oppose HB 602 so that Rise for baby and family can continue to provide support to NH families at a time when it is needed most.

Sincerely,

Alicia Deaver, M.S., CCLS
Executive Director

Hon. Mark Pearson, Chair
House Health, Human Services, and Elderly Affairs Committee

February 2, 2021

Re: House Bill 602

Dear Members of the New Hampshire House Health, Human Services and Elderly Affairs Committee.

Thank you for entertaining my testimony on HB 602 an Act Relative to Reimbursement for Telemedicine Services. I wish to testify in opposition to this bill.

My name is Denis B. Hammond, MD. I am a resident of Bedford NH and have been a licensed physician in the State of New Hampshire for the past 43 years. During most of that time I practiced hematology and oncology in southern New Hampshire. I am currently retired from clinical practice, but I have continued to function as a consultant to medical insurance companies. My role is that of a reviewer for oncology services for Medicaid and Medicare Managed Care Programs. I review request for prior authorization for cancer related services for companies throughout the United States.

In that role I have seen how physicians have tried to balance good medical care with the safety of their patients during the current CoVid19 epidemic. The entire health care system is trying to limit patient visits to the hospitals and doctor's office. Many health plans that required in hospital care or in office care have now waved those requirements and have allowed the administration of more expensive medications that can be given as single out patient shot.

Additionally, the telemedicine visit still requires most of the physician' work that a face -to -face visit would require. The physician must review the patient's record including lab tests, x-rays and consultant reports before the patient's visit. After the patient's visit the physician still must order medication, labs and any other interventions that are needed as a result of the information that was obtained during the telemedicine visit. Lastly the MD must write a note documenting the patient's medical problems, current symptoms, lab, x-ray and other data and the assessment and plan that the physician creates as a result of this visit. The telemedicine is not inferior care for the patient. It is alternative form of care for the appropriate patient. Patients that need to be evaluated face to face are still scheduled to come into the office or clinic.

In my opinion it is both unsafe and unfair to create incentives to have the patient come into the office for medical care that could be more safely administered electronically. In my experience, most physician will continue to practice in a way that is in the best interest of their patients. The only entities that will be penalized if this bill were passed into law, will be the providers of health care: physicians, nurses, hospitals and all the individuals they employ. Our health care

system is already struggling trying to balance the needs of patients who have coronavirus, as well as the needs of patients with many other medical conditions. Emergency rooms are seeing patients with higher disease acuity as people defer medical care till they have a medical crisis. Telemedicine is one way to get medical care to the public without risking exposure to the coronavirus. This is not the time to discourage patients from getting the care that they need safely and efficiently.

Thank you for your attention to my position on this bill.

Denis B. Hammond, MD FASCO
194 N. Amherst Rd.
Bedford, NH 03110-4907
Cell phone: 603-494-5656

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

February 2, 2021

HB 602 – Relative to Reimbursements for Telemedicine

Testimony

Good morning, Mr. Chairman, and members of the committee. My name is Paula Minnehan, Senior VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The NHHA is opposed to HB 602. NHHA believes the current telemedicine statute, which was signed into law by the Governor in late June 2020, is working as intended. The law is vitally important to ensuring that patients can access care and providers can safely provide care via telemedicine. This has been even more essential during the COVID-19 pandemic, where social distancing for many meant that they should remain home to reduce their exposure to others. The adoption and expansion of the various telemedicine modalities provided for in the current law were well overdue and are, as many health care experts have stated, here to stay as an important component in ensuring access to essential health care services.

The bill before you, however, attempts to roll back many of the enhancements that were passed into law less than a year ago. Specifically, removing the reimbursement parity provision would discourage, and likely limit, the ability of healthcare providers to invest and expand their telehealth technology and modalities. In addition, removing the "audio-only" option in the current law will negatively impact patients' ability to receive care. You will hear from many other providers today that audio only has been a lifeline for patients during this pandemic and is truly the only mode of accessing care in some rural areas of the state that still experience little to no internet access.

Furthermore, the bill that passed last year established a telehealth commission. This commission is comprised of many thoughtful legislative leaders and experts in the health care field. The commission has just begun their work and is slated to be in effect for a number of years. Their charge is comprehensive, and data focused.

NHHA conducted a telehealth survey of our hospital members at the end of 2020 and those results will be presented to the commission at their upcoming meeting in mid-February. While the results have not been made public yet, I can share with you that several themes have emerged including increased patient and provider satisfaction with using telehealth services. The patient experience as well as the provider experience with telehealth has been a positive

one. The hospitals have embraced the technology fully and we have seen a rapid increase in the use of telemedicine. One important comment shared by many hospitals is that their ability to maintain the technology enhancements needed to provide effective, reliable, and secure telehealth is dependent on reimbursement parity and a consistent public policy that supports telehealth.

As I stated earlier, the commission is just beginning its work and it is vitally important to not make any changes to the telemedicine law at this time. I urge you to let the commission do its work, and provide patients and providers with the assurances that telehealth services will not be negatively impacted during this period.

NHHA does not support HB 602 and we ask that you find this bill inexpedient to legislate. Thank you for the opportunity to provide our comments. I am happy to answer any questions the committee may have.

NEW HAMPSHIRE ACADEMY OF FAMILY PHYSICIANS
DEDICATED TO QUALITY HEALTHCARE

Hon. Mark Pearson, Chair
House Health, Human Services, and Elderly Affairs Committee

February 2, 2021

Re: House Bill 602

Dear Members of the New Hampshire House Health, Human Services and Elderly Affairs Committee.

I am writing in strong opposition to House Bill 602, coming before the legislature on 2/2.
I am representing the diverse patient population that primary care is called to honorably serve and I am representing the body of Physicians within the NHAFP chapter.

Our telehealth experience has been a rewarding one with meaningful results. Many family physicians serve as primary care for the homeless, disabled and elderly population who are without resources for internet bandwidth- connectivity. Furthermore, our experience with video platforms is that often there is a need for telephone back- up as the internet connection fails during the video visit.

It is truly unethical and disheartening to have this type of Bill come before the legislature.
Our audio visits are just as meaningful with our patients and often our only option.
We are reviewing the history, counseling, providing med reconciliation and ordering new diagnostic studies during these visits in the same fashion as occurs on video.

I am recalling my Patient JL, a Diabetic, living alone, who slipped into profound depression during this pandemic and stopped all meds. It is during a 30 min audio-only visit, that our team was able to pull this patient out of despair and out of the costly spiral of poor diabetic control. Is it not a paradox that the insurance industry expects to see Population health improvements, yet undercuts an essential tool for providing care, particularly to those most vulnerable among us? We fully expect that this bill will be put to rest and that we will move forward as an industry to fulfill our ethical duty to provide, innovative and comprehensive care in a equitable and efficient fashion.

Respectfully submitted
Joann Buonomano MD, CPE, FAAFP
NHAFP Pres 2020-2022

February 1, 2021

Dear Committee Members,

I am writing to express my concerns about HB 602. For so many healthcare providers around the state, telehealth has been the only way to safely deliver services during our ongoing COVID pandemic. Please don't move ahead with this bill, which risks making it harder for individuals and families to access services at a time when they are desperately needed by cutting reimbursements to providers.

As a staff member for a family centered early supports and services (FCESS) provider in the Monadnock Region, I see daily the need for these services and the challenges that come with funding them. As the parent of a college student struggling with anxiety as a result of COVID restrictions, I see the urgent need for mental health supports and know telehealth is the only way she, like so many others, can access them.

The organization I work for, Rise for baby and family, serves children birth to age three years with developmental delays and disabilities. Rise serves hundreds of families in the Monadnock Region each year, providing specialized care from speech, physical, and occupational therapists to children in need. As a non-profit organization, Rise relies on private insurance and Medicaid billing for funding.

While these services have traditionally been provided in the home or a childcare setting, they have transitioned to telehealth services via video or phone due to the pandemic. (Some families do not have the internet access needed for a video visit.) Given that each provider works with up to seven children and families per day, it would neither be feasible nor safe to go into multiple homes and childcare settings each day while coronavirus continues to be such a risk.

All Rise services are provided at no cost to the family, ensuring all children who need these early supports and services have access to them. To do this, we rely on reimbursement from both Medicaid and private insurers, with fundraising efforts to cover gaps between the cost of services and the reimbursement we receive. If that reimbursement were cut because insurers no longer had to provide coverage for telehealth visits, it would be incredibly difficult for Rise to continue to provide the comprehensive services it now does.

For the sake of all the individuals and families around our state who are currently depending on telehealth services, I urge you to oppose HB 602.

Sincerely,
Patricia Payne
Hancock, NH

Jane Zill, L.I.C.S.W.
27 Shaw Road, Portsmouth, NH 03801 603-436-4111 E-mail: janezill@comcast.net

February 1, 2021

Dear New Hampshire Lawmaker,

Please vote "no" to HB 602-FN. This bill myopically focuses on the sweeping elimination of 'audio only' mental health care while failing to address the impact it will have on New Hampshire residents who lack (a) the ability to operate video conferencing technology, (b) the financial resources to purchase equipment needed for video conferencing, and/or (c) the funds for transportation to receive in-person care. Additionally, many consumers of mental health service need flexibility in terms of where and how they can receive mental health care due to privacy and safety concerns.

Nonsensically, the bill's sponsors would have us believe that no access to mental health care is better for the sickest and the poorest than 'audio only' access to mental health care.

According to the World Health Organization, the social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. Research has demonstrated that up to 70% of the determinants of health are outside of an individual's control (click here for source).

In short, this bill is a prime example of how social policy in New Hampshire, driven by the distribution of money, power, and resources in our state, can adversely impact New Hampshire's sickest and poorest. It's a regressive policy, as it will impact the poorest and sickest hardest, while it will benefit an insurance industry that seeks to escape responsibility for funding essential mental health services, which are becoming more acute and more ubiquitous due to the pandemic.

The bill lacks nuanced understanding of mental health care (and all health care as there is no mention of the variability in CPT codes and the many interventions provided by all health care workers, including diagnostic and educative interventions that can often be done by phone). It is not clinically informed or sophisticated.

The authors are simply wrong to claim that 'audio only' sessions for mental health services are less effective than telemedicine that also includes video.

I'm a clinical social worker. A portion of my clinical training and early professional work took place in county crisis intervention services when phone calls were the state of art technology, long before video conferencing was available; my current professional responsibilities include mental health consultation by telephone due to the pandemic.

Based upon my experiences, I can attest that treatment relationships on the phone are effective. Rapport is established, therapeutic alliances are forged, there is nuanced understanding and emotional depth in 'audio only' sessions, and treatment progresses.

Many who are alive today grew up in an era of face-to-face or 'audio only' communication. It is second nature to them. We are well adapted to capture nuance and depth during telephone calls. Additionally, our sense of hearing is a super sense; it never turns off, even during sleep, unlike our sense of vision. Long before we can see, taste, touch, or smell, we are well aware of the sound of our mother's voice and the home we will live in. Verbal communication is rich with nuance in terms of vocabulary, pitch, tone, rhythm, and the sound of breath. It's a cornerstone of social development and evolution. It's more than possible to engage in mind body techniques and written therapy interventions while using the phone due to the speaker function.

A third of New Hampshire residents are over 55; twenty-two percent of New Hampshire's residents are on Medicare, which serves the elderly, disabled, and those with renal failure. It is these people who are hit hardest by the pandemic due to their social isolation, which has only amplified their vulnerability to mental health problems. An undetermined number of them have outdated or scaled back phones and computers, often leading to difficulty accessing audio-visual platforms, but with ample ability to use 'audio only' interventions.

Among my elderly and disabled clients who utilize 'audio only' sessions, more than ever I hear these words, "I'd be better off dead." An elimination of 'audio only' care will be crushing for them, will increase their social isolation and risk for severe symptoms of depression, anxiety, and substance abuse, while leaving them with no other options to receive mental services due to their ongoing lack of video conferencing ability, technology, or inability to travel.

Additionally, I also work with many individuals who are not elderly or disabled, but have life threatening, chronic health conditions. Many people with chronic health problems are economically disadvantaged and do not have equipment to allow for videoconferencing. They will also be hard hit if this bill passes. For example, before the pandemic, there were several instances in which people with Type 1 diabetes, which confers complex psychosocial and medical vulnerability and morbidity, cancelled appointments explaining that they could not afford the gas needed to travel to an appointment and pay for their costly insulin. At the time, however, they could have easily talked on the phone to receive mental health care and pay for their insulin, too.

HB 603-FN will place me and other mental health providers in an ethical quandary. We will either have to terminate care with those who benefit from 'audio only' care and who have been traditionally underserved --the sickest and often poorest -- or continue to work with them without being paid. Please be aware that many mental health professionals are small

business proprietors that have families to support. This bill does not take into account that we are part of fabric of New Hampshire's business community. Sadly, it seems that the true intent of this bill is to benefit the insurance sector by allowing them to deny payment for key benefits related to mental health.

And it is not just the elderly and disabled who are in need of flexibility in the use of technology available to deliver mental health services. Sadly, a recent Kaiser Family Foundation poll found that more than half of all Americans -- 56% --reported that stress related to the pandemic has led to at least one negative mental health effect. New Hampshire has the highest rates of breast, bladder, and pediatric cancers in the nation, all conditions that confer trauma, anxiety, and depression, it ranks third among states with increasing suicide rates, and the pandemic has caused an increase in deaths related to drug use. Calls to domestic abuse hotlines are skyrocketing. Seen in this context, how does this bill even approximate the creation of rational health care policy?

'Audio only' sessions also allow people greater freedom regarding where they are during a health care appointment. This is very important for their privacy and safety. Many victims of domestic abuse, sexual violence, and human trafficking only have access to a burner phone, often without video capability. These people must be able to use their phones and move to a place of privacy during a health related appointment, like a car, garage, or a bathroom.

Also, when there is inadequate broadband, video calls are often dropped, which is disruptive and rescheduling is a hardship for everyone.

I can also attest that 'audio only' interventions can have a greater therapeutic benefit for those who are shame based and/or who have body image issues. These people are less defensive and more open to rational thought and relationship building if they are free from the anxiety of being "seen" or looked at, often leading to better autonomic nervous system regulation during 'audio only' sessions, which in turn leads to greater ability to think, reflect, and make use of the therapy.

Additionally, we're sill in a pandemic. If passed, the bill is to take effect within 60 days. Daily we're hearing about new mutations of the coronavirus, shortages of vaccines and variability in their effectiveness. This bill is poorly timed given the pandemic, which will not be resolved within the next two months.

In short, HB 602-FN defies rationality in the creation of health policy. Is is not resident centered and it is not in the best interest of public health.

Thank you for your kind attention to my letter.

Yours truly,

Jane Zill, L.I.C.S.W.
Portsmouth, NH

HB602-FN AN ACT relative to reimbursements for telemedicine.

With Amendment 2021-0195h

Testimony Rep Jess Edwards (R-Auburn) 603-370-7885 jess.edwards@leg.state.nh.us

Figure 2. Dr. Reba Benschoter demonstrating the interactive television psychiatric treatment and physician education.[4] Copyright University of Nebraska Medical Center Archives, Special Collections, McGoogan Library of Medicine.

This bil,l along with a vital amendment, requires a sense of history and an appreciation of how innovation has phases of acceptance that bring on even greater impacts. About 100 years before Reba Benschoter and Cecil Wittson in the 1960s demonstrated the clinical efficacy of telemedicine in clinical psychiatry, the Industrial Age was pitting two forms of transportation against each other.

Canals had demonstrated great value in tying sources of supply and population centers together. Investors flocked to put their money into building canals and the boats that would transport goods between distant places. In the US, state and federal governments became great benefactors of canals often with claims such as “canals are vital to the common defense”.

Rail emerged as an alternative way to move goods and people. Rail had some intrinsic advantages being untethered to the flatness of the terrain or availability of bodies of water. Private investors primarily took railway investment and gave investors rich history in booms and bust of “Railway Mania”. It made the Vanderbilt family very rich as Cornelius sold off his holdings in transoceanic shipping to free the capital it took to enable western expansion.

What would have happened had there been a government edict that the price to transport a pound coal over canals would be required to cost the same as a pound hauled by rail?

Milton Friedman wrote numerous essays on such a question, shall the government plan by providing an effective framework for a free market or shall it plan by trying to substitute for the free market the decisions of government bureaucrats, of civil servants, of particular individuals?

The reality is that we live in a nation of mixed economy with resources controlled by both private and public sectors. One of our key roles as legislators is to consider when government should lead and when private choice and investment can yield a superior result.

The Pricing Mechanism is a key tool to allow the private sector to invest in some innovations and not others. Is telemedicine in NH in 2020 a time and place to have disabled the pricing mechanism and to have required telemedicine to be reimbursed at the same price as in-person care?

The Governor in Executive Order #8 on 18 March 2020 direct all insurance carriers to reimburse of telehealth at the same (or higher) rates as in-person care. This was a moment in time of great consequence and uncertainty. There was little science to support the prediction of 2 million dead in the US from a high contagious, highly fatal novel disease. But what was known, was that the safest course of action was to protect the healthcare system from an internal collapse of disease spread within the provider community and to slow the rate of spread within the populace.

In that context, it made sense to neither worry about past generation of technology or a future bursting with the potential of new technology. What made sense was to keep people out of the health system while providing the best care possible while limiting direct human interaction. So yes, audio-only, the telephone call alone became reimbursable as though in-person care was delivered. There was no financial analysis. There was crisis management with an idea that the costs would have to be born by society to survive a pandemic.

Businesses were shuttered. People were told by governments they were non-essential. Costs were incurred.

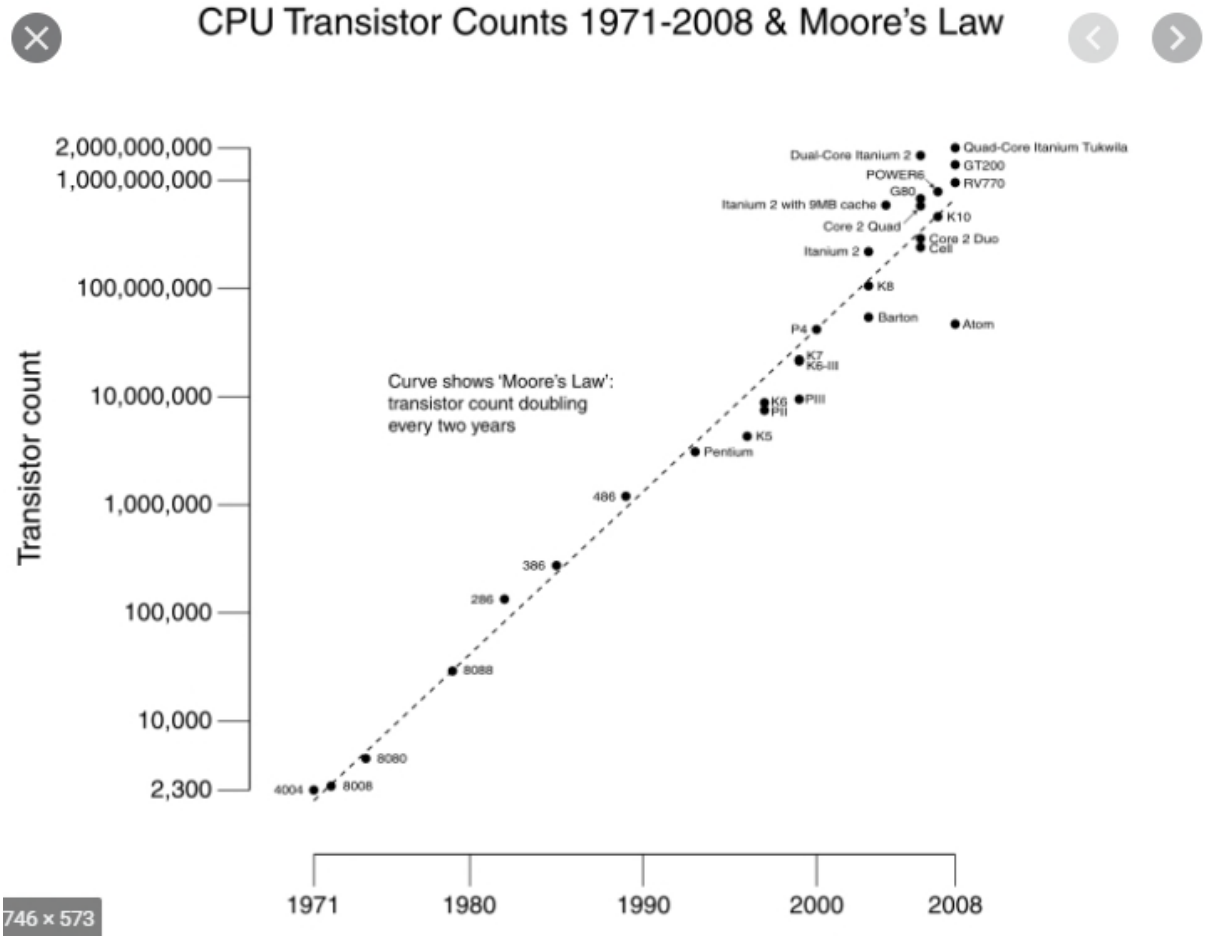
One thing you need to know about this bill, more specifically the amendment I am recommending, is that it does not take effect for 180 days after the Governor's Executive Order is vacated or expires. The length of time is the result of a judgement of how long it will take for the provider community to transition patients to a care structure that isn't panic induced.

The amendment does not have the government picking one clinical approach over another. And make no mistake, saying that reimbursement is a choice that will cause disruptions in future technology innovations, disequilibrium in the pace of the clinical integration of that technology, and the destruction of local care provision.

There are two very different cost structures, many more than that if each clinical specialty is considered one-by-one; but, to keep it simple, the cost structure of telemedicine and the cost structure of in-person care is driven fundamentally by different factors.

When Reba Benschoter started the telemedicine program at the Nebraska Psychiatric Institute, it was made possible by an invention by AT&T. In today's costs, millions were spent on stand-alone technology, TV studios, specialized technologists and it was supplemented by the physical running of medical records back and forth between Norfolk and Omaha. The University of Nebraska Medical Center made the investments as much for the clinical research aspects as it did for clinical care considerations. Today that program can operate using commercial-off-the-shelf technology, used in the same clinical settings as in-person care is done, operated by users with minimal training, and tied together with an electronic medical record.

Moore's Law said that the number of transistors that can fit on a computer chip will double every 18 months. This exponential growth in computer chips has been reflected across the broad swath of technologies from communication bandwidth, digital storage devices, and speed, speed everywhere. The costs of telemedicine between psychiatrists in Omaha and patients in Norfolk must be four or five orders of magnitude better over the fifty plus years.



Meanwhile what has happened to the cost of the healthcare physical plant? There have been important reductions in cost as care migrated out of hospitals to outpatient settings. Obviously one can see the rate and potential of cost improvements for in-person care lag dramatically with technology.

My amendment is not for the here and now. The population I am serving are not in the room with us.

Today we are seeing what Rockart and Malone called in 1991, the first order effects of "substitution". Technology is simply allowing us to choose between two different approaches to receiving medical care. If we allow market forces and private innovation to focus on the access, quality, and cost challenges of healthcare, we should expect that the dramatically reducing the costs of coordination and increasing its speed and quality, these new technologies will

enable people to coordinate more effectively, to do much more coordination, and to form new, coordination-intensive clinical structures. The enhanced coordination is a second-order effect while the formation of totally new clinical structures is a third-order effect.

What might a second-order effect look like in clinical practice? Enhanced coordination may empower superior person-centered coordination between those managing various aspects of the social determinants of health from the community to more centralized resources and programs.

The third order effects when new clinical structures emerge, and obsolete previous models are when it all becomes very compelling. Wearable biotech is rapidly developing and along with-it ubiquitous communications supporting real-time assessment. Artificial Intelligence has made great strides supporting computer aided diagnosis to support radiologists reading complex or numerous imaging studies. It is not difficult to imagine AI receiving a person's real-time, differentiated biotech feedback and being positioned in a "management by exception" oversight role.

One question we will face is whether that telemedicine event is reimbursable as much as an in-person visit. If only somewhat, will it be the instance when the AI notices something out of standard and notifies the person that he has just become a patient and needs to go to the nearest appropriate in-person care? Let us add global locator services along with integrated credentialing and scheduling software to know who is available, where, to provide the right type of service. Knowing where the patient has been directed, an alert can be repeatedly sent to the awaiting provider until receipt is acknowledged. If the medical record is distributed across several databases, the AI service can aggregate the records to create a virtualized health record to support the expected episodic care.

How much is that worth?

What should the insurance company pay?

I think the honest answer is that we do not have a clue.

What I think we know is that the shortest distance between us and that future is with government out of the way. That is why I am encouraging you to change the law we passed last summer in a Senate Omnibus bill that did not include a Fiscal Note, let alone a public hearing in the NH House.

Don't get caught up in the short-sighted vision of today's pandemic need driven environment. Let's get out of the way as soon as the Executive Order expires so that the collective intelligence and wisdom of our clinicians and technologists can methodically work in a manner disciplined by cost efficiency and effectiveness. Let's let greatness encourage investment and not a bureaucratic sense of omnipotence.

Let's not forget that both canals and railroads had their day and both were replaced with superior technology and new superior infrastructure. Telemedicine as we know it will be radically more vibrant if we let it free.

I'll take questions.

11Mar2020... 0509h
06/16/2020 1345s
06/16/2020 1530s

2020 SESSION

20-2023
01/05

HOUSE BILL ***1623-FN***

AN ACT relative to telemedicine.

SPONSORS: Rep. Marsh, Carr. 8; Rep. Allard, Merr. 21; Rep. MacDonald, Carr. 6; Rep. Edwards, Rock. 4; Rep. Baldasaro, Rock. 5; Rep. M. Pearson, Rock. 34; Rep. Snow, Hills. 19; Rep. Crawford, Carr. 4; Rep. Schapiro, Ches. 16; Sen. Bradley, Dist 3; Sen. Kahn, Dist 10

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill:

I. Ensures reimbursement parity, expands site of service, and enables all providers to provide services through telehealth for Medicaid and commercial health coverage.

II. Enables access to medication assisted treatment (MAT) in specific settings by means of telehealth services.

III. Amends the Physicians and Surgeons Practice Act to expand the definition of telemedicine.

IV. Amends the relevant practice acts to expand the definition of telemedicine.

V. Enables the use of telehealth services to deliver Medicaid reimbursed services to schools.

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Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

11Mar2020... 0509h
06/16/2020 1345s
06/16/2020 1530s 20-2023
01/05

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty

AN ACT relative to telemedicine.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, III to read as follows:

III.(a) Coverage under this section shall include the use of telehealth or telemedicine for Medicaid-covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care:

(1) Which is an appropriate application of telehealth services provided by physicians and other health care providers, as determined by the department based on the Centers for Medicare and Medicaid Services regulations, and also including persons providing psychotherapeutic services as provided in He-M 426.08 and 426.09;

(2) By which telemedicine services for primary care, remote patient monitoring, and substance use disorder services shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service; and

(3) By which an individual shall receive medical services from a physician or other health care provider who is an enrolled Medicaid provider without in-person contact with that provider.

(b) ***The Medicaid program shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person.***

(c) The combined amount of reimbursement that the Medicaid program allows for the compensation to the distant site and the originating site shall not be less that the total amount allowed for health care services provided in person.

(d) There shall be no restriction on eligible originating or distant sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunication system. A distant site means the location of the provider at the time the service is being furnished via a telecommunication system.

(e) The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.

(f) Medical providers below shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to, the following:

(1) Physicians and physician assistants, governed by RSA 329 and RSA 328-D;

(2) Advanced practice nurses, governed by RSA 326-B and registered nurses under RSA 326-B employed by home health care providers under RSA 151:2-b;

(3) Midwives, governed by RSA 326-D;

(4) Psychologists, governed by RSA 329-B;

(5) Allied health professionals, governed by RSA 328-F;

(6) Dentists, governed by RSA 317-A;

(7) Mental health practitioners governed by RSA 330-A;

(8) Community mental health providers employed by community mental health programs pursuant to RSA 135-C:7;

(9) Alcohol and other drug use professionals, governed by RSA 330-C;

(10) Dietitians, governed by RSA 326-H; and

(11) Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board.

(g) Nothing in this section shall be construed to prohibit the Medicaid program from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage. ***Services delivered through telehealth under this section shall comply with all applicable state and federal law or regulation as allowed by the Medicaid program. Any conflict with the provisions of this section and federal law or regulation shall preempt and supersede any provision of this section.***

2 New Hampshire Telemedicine Act; Coverage for Telemedicine Services. Amend RSA 415-J:2, III to read as follows:

III. "Telemedicine," as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of [~~audio-only telephone or~~] facsimile.

3 New Hampshire Telemedicine Act; Coverage for Telemedicine Services. Amend RSA 415-J:3, III to read as follows:

III. ***An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person.***

IV. An insurer shall provide reasonable compensation to an originating site operated by a health care provider or a licensed health care facility if the health care provider or licensed health care facility is authorized to bill the insurer directly for health care services. In the event of a dispute between a provider and an insurance carrier relative to the reasonable compensation under this section, the insurance commissioner shall have exclusive jurisdiction under RSA 420-J:8-e to determine if the compensation is commercially reasonable. The provider and the insurance carrier shall each make best efforts to resolve any dispute prior to applying to the insurance commissioner for resolution, which shall include presenting to the other party evidence supporting its contention that the compensation level it is proposing is commercially reasonable.

V. The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall be the same as the total amount allowed for health care services provided in person.

VI. Nothing in this section shall be construed to prohibit an insurer from paying reasonable compensation to a provider at a distant site in addition to a fee paid to the health care provider.

VII. If an insurer excludes a health care service from its in-person reimbursable service, then comparable services shall not be reimbursable as a telemedicine service.

VIII. An insurer shall not impose on coverage for health care services provided through telemedicine any additional benefit plan limitations to include annual or lifetime dollar maximums on coverage, deductibles, copayments, coinsurance, benefit limitation or maximum benefits that are not equally imposed upon similar services provided in-person.

IX. Nothing in this section shall be construed to allow an insurer to reimburse more for a health care service provided through telemedicine than would have been reimbursed if the health care service was provided in person.

X. There shall be no restriction on eligible originating or distant sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunication system. A distant site means the location of the provider at the time the service is being furnished via a telecommunication system.

XI. An insurer shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.

XII. The following medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to:

(a) Physicians and physician assistants, under RSA 329 and RSA 328-D;

(b) Advanced practice nurses, under RSA 326-B and registered nurses under RSA 326-B employed by home health care providers under RSA 151:2-b;

(c) Midwives, under RSA 326-D;

(d) Psychologists, under RSA 329-B;

(e) Allied health professionals, under RSA 328-F;

(f) Dentists, under RSA 317-A;

(g) Mental health practitioners governed by RSA 330-A;

(h) Community mental health providers employed by community mental health programs pursuant to RSA 135-C:7;

(i) Alcohol and other drug use professionals, governed by RSA 330-C;

(j) Dietitians, governed by RSA 326-H; and

(k) Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board as required by RSA 417-E:2.

XIII. Nothing in this section shall be construed to prohibit an insurer from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person's policy.

4 New Subdivision; Commission to Study Telehealth Services. Amend RSA 329 by inserting after section 329:1-e the following new subdivision:

329:1-f Commission to Study Telehealth Services

I. There is established a commission to study telehealth services.

(a) The members of the commission shall be as follows:

(1) One member of the senate, appointed by the president of the senate.

(2) Two members of the house of representatives, appointed by the speaker of the house of representatives.

(3) The Medicaid director, or designee.

(4) The commissioner of the department of insurance, or designee.

(5) A member of the New Hampshire Americas Health Insurance Plans, or designee.

(6) A member of the New Hampshire Hospital Association, appointed by the association.

(7) A member of the Community Behavioral Health Association, appointed by the association.

(8) A member of the New Hampshire Medical Society, appointed by the society.

(9) A member of Bi-State Primary Care Association, appointed by the association.

(10) A member from a nonprofit social services organization representing the patient perspective, appointed by the president of the senate.

(11) A member of the NH Nurse Practitioner Association, appointed by the association.

(12) A member of the Granite State Home Health & Hospice Association, appointed by the association.

(13) A representative of the Medicaid Managed Care Organization (MCO) as nominated by the MCOs operating in the state of New Hampshire.

(b) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

II.(a) The commission shall:

(1) Review available data compiled by the department of insurance requested by the commission. This data may include, but not limited to, utilization and cost of services through telehealth in New Hampshire.

(2) Review available data compiled by health care providers requested by the commission. This data may include, but not limited to, utilization, patient experience, delivery costs, and savings achieved through telehealth in New Hampshire.

(3) Review other information and material as determined by the commission.

(b) The commission may solicit input from any person or entity the commission deems relevant to its study, including data collected by an independent research contractor. This data may include review of telehealth parity in all commercial payers, NH Medicaid fee for service, and managed care plans; patient and provider access to telehealth; provider use of telehealth services; patient utilization, including chronic disease management and prevention services; quality of care delivered by telehealth; and the impact of telehealth on the cost of healthcare delivery.

III. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Six members of the commission shall constitute a quorum.

IV. The commission shall make an interim report by December 1, 2022 and a final report with its findings and any recommendations for proposed legislation on or before December 1, 2024 to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library.

5 Statement of Intent for Access to Medication Assisted Treatment (MAT) in Specific Settings.

I. The general court hereby recognizes that:

(a) Recent medical research indicates that substance use treatment can be safely done utilizing telemedicine (Rubin R., Using Telemedicine to Treat Opioid Use Disorder in Rural Areas. JAMA. Published online August 28, 2019); and

(b) Recent court decisions (Smith v. Aroostook County, No. 19-1340 (1st Cir. 2019)) require the increased availability of substance use treatment in correctional facilities; and

(c) Recent changes in federal law allow the registration of certain individuals to prescribe opioid drugs to be used in substance use disorder without first conducting an in person examination (21 U.S.C. section 831(h)), which registration regulations are pending.

II. Therefore, the general court hereby enacts the following legislation.

6 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, II(c)-(e) to read as follows:

(c) ***"Doorways" means the statewide points of entry for the delivery of substance use services.***

(d) "Originating site" means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including, but not limited to, a health care provider's office, a hospital, or a health care facility, or the patient's home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient's workplace.

[~~(d)~~] ***(e)*** "Remote patient monitoring" means the use of electronic technology to remotely monitor a patient's health status through the collection and interpretation of clinical data while the patient remains at an originating site. Remote patient monitoring may or may not take place in real time. Remote patient monitoring shall include assessment, observation, education and virtual visits provided by all covered providers including licensed home health care providers.

[~~(e)~~]***(f)*** "Store and forward," as it pertains to telemedicine and as an exception to 42 C.F.R. section 410.78, means the use of asynchronous electronic communications between a patient at an originating site and a health care service provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients. This includes the forwarding and/or transfer of stored medical data from the originating site to the distant site through the use of any electronic device that records data in its own storage and forwards its data to the distant site via telecommunication for the purpose of diagnostic and therapeutic assistance.

7 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, III(a)(2) to read as follows:

(2) By which telemedicine services for primary care, remote patient monitoring, and substance use disorder services shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service[~~:~~]. ***A provider shall not be required to establish care via face-to-face in-person service when:***

(a) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(b) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(c) The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);

(d) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(e) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f); and

8 New Paragraph; Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d by inserting after paragraph IV the following new paragraph:

IV-a. With written consent of the patient receiving medication assisted treatment through telehealth services provided under this section, the health care provider shall provide notification of the patient's medication assisted treatment to the doorway, as defined in RSA 167:4-d, II(c), within the region where the patient resides.

9 Controlled Drug Act; Prohibited Acts. Amend RSA 318-B:2, XVI to read as follows:

XVI.(a)***(1)*** The prescribing of a non-opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a), who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care[~~, or who are treating patients at a state designated community mental health center pursuant to RSA 135-C or at a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified state opioid treatment program, and shall require an initial in-person exam by a practitioner licensed to prescribe the drug~~]. ***A provider shall not be required to establish care via face-to-face in-person service when:***

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

(2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

(b)***(1)*** The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a)[~~, who are treating patients at a SAMHSA-certified state opioid treatment program. Such prescription authority shall require an initial in-person exam by a practitioner licensed to prescribe the drug and~~]. ***A provider shall not be required to establish care via face-to-face in-person service when:***

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a Doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

(2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

(c) The prescription authority under this paragraph shall be limited to a practitioner licensed to prescribe the drug and in compliance with all federal laws, including the United States Drug Enforcement Agency registration or waiver when required. An initial face-to-face in person exam shall be required with the exception of the locations enumerated in this paragraph.

10 New Paragraph; Nurse Practice Act; Rulemaking Added. Amend RSA 326-B:9 by inserting after paragraph XII the following new paragraph:

XIII. A process for registering practitioners who have been granted a special registration to prescribe controlled substances via telemedicine pursuant to 21 U.S.C. section 831(h).

11 Physicians and Surgeons; Telemedicine. Amend RSA 329:1-d, III and IV to read as follows:

III. It shall be unlawful for any person to prescribe by means of telemedicine a controlled drug classified in schedule II through IV***, except substance use disorder (SUD) treatment as permitted in locations enumerated in paragraph IV. Methadone hydrochloride, as defined in RSA 318-B:10, VII(d)(2) shall not be included in the exemption***.

IV.(a)***(1)*** The prescribing of a non-opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a), who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care[~~, or who are treating patients at a state designated community mental health center pursuant to RSA 135-C or at a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified state opioid treatment program, and shall require an initial in-person exam by a practitioner licensed to prescribe the drug~~]. ***A provider shall not be required to establish care via face-to-face in-person service when:***

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a Doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

(2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

(b)***(1)*** The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a)[~~, who are treating patients at a SAMHSA-certified state opioid treatment program. Such prescription authority shall require an initial in-person exam by a practitioner licensed to prescribe the drug and~~]. ***A provider shall not be required to establish care via face-to-face in-person service when:***

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

(2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

(c) The prescription authority under this paragraph shall be limited to a practitioner licensed to prescribe the drug and in compliance with all federal laws, including the United States Drug Enforcement Agency registration or waiver when required. An initial face-to-face in person exam shall be required with the exception of the locations enumerated in this paragraph.

12 New Section; Telemedicine and Telehealth Services. Amend RSA 310-A by inserting after section 1-e the following new section:

310-A:1-f Telemedicine and Telehealth Services.

I. “Telemedicine” means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

II. “Telehealth” means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

III. Individuals licensed, certified, or registered pursuant to RSA 137-F; RSA 151-A; RSA 315; RSA 316-A; RSA 317-A; RSA 326-B; RSA 326-D; RSA 326-H; RSA 327; RSA 328-E; RSA 328-F; RSA 328-G; RSA 329-B; RSA 330-A; RSA 330-C; RSA 327-A; RSA 329; RSA 326-B; RSA 318; RSA 328-I; RSA 328-J may provide services through telemedicine or telehealth, provided the services rendered are authorized by scope of practice. Nothing in this provision shall be construed to expand the scope of practice for individuals regulated under this chapter.

IV. Notwithstanding any provision of law to the contrary, an out-of-state healthcare professional providing services by means of telemedicine or telehealth shall be required to be licensed, certified, or registered by the appropriate licensing board within the division of health professions. This paragraph shall not apply to out-of-state physicians who provide consultation services pursuant to RSA 329:21, II.

V. An individual providing services by means of telemedicine or telehealth directly to a patient shall:

(a) Use the same standard of care as used in an in-person encounter;

(b) Maintain a medical record; and

(c) Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.

VI. Under this section, Medicaid coverage for telehealth services shall comply with the provisions of 42 C.F.R. section 410.78 and RSA 167:4-d.

13 New Paragraph; Physicians and Surgeons; Rulemaking. Amend RSA 329:9 by inserting after paragraph XX the following new paragraph:

XXI. A process for registering practitioners who have been granted a special registration to prescribe controlled substances via telemedicine pursuant to 21 U.S.C. section 831(h).

14 Physicians and Surgeons. Amend RSA 329:1-d, I to read as follows:

I. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. [~~"Telemedicine" shall not include the use of audio-only telephone or facsimile.~~]

15 Nurse Practice Act. Amend RSA 326-B:2, XII (a) to read as follows:

(a) "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. [~~"Telemedicine" shall not include the use of audio-only telephone or facsimile.~~]

16 New Section; Hearing Care Providers. Amend RSA 137-F by inserting after section 11 the following new section:

137-F:11-a Services Provided by Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

17 New Section; Podiatry. Amend RSA 315 by inserting after section 6 the following new section:

315:6-a Services Provided by Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

18 New Section; Chiropractic Examiners. Amend RSA 316-A by inserting after section 15 the following new section:

316-A:15-a Services Provided by Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

19 New Section; Midwivery. Amend RSA 326-D by inserting after section 12 the following new section:

326-D:12-a Telemedicine. A midwife certified under this chapter shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

20 Optometry; Definition of Telemedicine. Amend RSA 327:1, VI-a to read as follows:

VI-a. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. [~~"Telemedicine" shall not include the use of audio-only telephone or facsimile.~~]

21 New Section; Optometry. Amend RSA 327 by inserting after section 25-b the following new section:

327:25-c Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine.

22 New Paragraph; Naturopathic Medicine; Scope of Practice; Telemedicine. Amend RSA 328-E:4 by inserting after paragraph V the following new paragraph:

VI. Doctors of naturopathic medicine shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

23 New Section; Allied Health Professionals; Telemedicine. Amend RSA 328-F by inserting after section 11-a the following new section:

328-F:11-b Telemedicine. Persons licensed by governing boards under this chapter shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

24 New Paragraph; Acupuncture; Telemedicine. Amend RSA 328-G:10 by inserting after paragraph IV the following new paragraph:

V. Persons licensed by the board to practice acupuncture shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

25 Psychologists; Telemedicine. Amend RSA 329-B:16 to read as follows:

329-B:16 Electronic Practice of Psychology, Tele-Health, Telemedicine.

I. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

II. Persons licensed by the board who practice electronically shall be subject to standards of care for the practice of telemedicine and tele-health for psychology established by the board pursuant to rules adopted under RSA 541-A.

26 New Section; Mental Health Practice; Telemedicine. Amend RSA 330-A by inserting after section 15-a the following new section:

330-A:15-b Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

27 New Section; Alcohol and Other Drug Use Professionals; Telemedicine. Amend RSA 330-C by inserting after section 14 the following new section:

330-C:14-a Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

28 New Section; Opthalmic Dispensers; Telemedicine. Amend RSA 327-A by inserting after section 12 the following new section:

327-A:12-a Telemedicine. Registered opthalmic dispensers shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

29 New Section; Licensed Pharmacists; Telemedicine. Amend RSA 318 by inserting after section 16-d the following new section:

318:16-e Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

30 New Section; Board of Registration of Medical Technicians; Telemedicine. Amend RSA 328-I by inserting after section 15 the following new section:

328-I:16 Telemedicine. Medical technicians registered by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

31 New Section; Medical Imaging and Radiation Therapy; Telemedicine. Amend RSA 328-J by inserting after section 12 the following new section:

328-J:12-a Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

32 New Section; Dentists and Dentistry; Telemedicine. Amend RSA 317-A by inserting after section 7-a the following new section:

317-A:7-b Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

33 New Subparagraph; Medicaid to Schools for Medical Services Program; Telehealth Services Added. Amend RSA 167:3-k, III by inserting after subparagraph (b) the following new subparagraph:

(c) Include services delivered through telehealth, as defined in RSA 167:4-d.

34 New Subparagraph; Medicaid to Schools Program Established; Telehealth Services Added. Amend RSA 186-C:25, II by inserting after subparagraph (d) the following new subparagraph:

(e) Services delivered through telehealth, as defined in RSA 167:4-d.

35 Managed Care Law; Reasonable Value of Health Care Services. Amend RSA 420-J:8-e to read as follows:

420-J:8-e Reasonable Value of Health Care Services. In the event of a dispute between a health care provider and an insurance carrier relative to the reasonable value of a service under RSA 329:31-b ***or RSA 415-J:3***, the commissioner shall have exclusive jurisdiction to determine if the fee is commercially reasonable. Either the provider or the insurance carrier may petition for a hearing under RSA 400-A:17. The petition shall include the appealing party's evidence and methodology for asserting that the fee is reasonable, and shall detail the efforts made by the parties to resolve the dispute prior to petitioning the commissioner for review. The department may require the parties to engage in mediation prior to rendering a decision.

36 Applicability. Sections 1-3 of this act shall take effect 60 days after passage of this act or upon the expiration of the Governor's Emergency Order #8 Pursuant to Executive Order 2020-04 entitled "Temporary expansion of access to Telehealth Services to protect the public and health care providers," whichever comes sooner.

37 Effective Date.

I. Sections 1-3 of this act shall take effect as provided in section 36 of this act.

II. The remainder of this act shall take effect upon its passage.

LBAO
20-2023
Amended 6/29/20

HB 1623-FN- FISCAL NOTE

AS AMENDED BY THE SENATE (AMENDMENTS #2020-1345s and #2020-1530s)

AN ACT relative to telemedicine.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**
Appropriation	$0	$0	$0	$0
Revenue	$0	Indeterminable	Indeterminable	Indeterminable
Expenditures	$0	Indeterminable	Indeterminable	Indeterminable
Funding Source:	[X] General [ ] Education [ ] Highway [X] Other - Federal Medicaid Funds			

METHODOLOGY:

Sections 1-2, 4, and 12-36, relative to telemedicine and telehealth services:

These sections functionally codify Emergency Order #8, issued by the governor on March 18, 2020. The Department of Health and Human Services states in general terms that the fiscal impact of these sections is indeterminable.

Section 3, relative to coverage for telemedicine services:

The Insurance Department states that these sections require health plans to provide reimbursement for telehealth services on the same coverage and reimbursement terms as for similar in-person services, and further require that such reimbursement shall include facility fees if the provider is authorized to bill for the same. The bill further prohibits any coverage limitations for telehealth services that do not exist for similar in person services. As a result, the bill may increase claims costs and premium rates. To the extent that premium rates increase, the bill may also increase state revenues from the insurance premium tax.

Sections 5-11, relative to telemedicine and substance use disorder:

These sections amend Medicaid coverage of telehealth services by removing the prerequisite to establish care via face-to-face contact, provided the physician or other health care provider holds a special registration pursuant to 21 U.SC. section 831(h), or is exempt from such registration. The Department of Health and Human Services anticipates that while telehealth services are already covered under Medicaid, the bill may result in increased utilization and hence increased costs. Nonetheless, the Department expects the extent of any such increase to be minimal.

In addition, these sections amend RSA 167:4-d by (1) adding a definition of "doorways" within the context of Medicaid coverage of telehealth services, and (2) requiring that notification of medication assisted treatment (MAT) via telehealth services be provided by a health care provider to the appropriate regional doorway, when a patient has consented to such. The sections also amend RSA 329:1-d to (1) allow for the prescription of controlled drugs classified in schedule II-IV for the purposes of MAT for substance use treatment, and (2) remove references to prescribers treating patients at state-designated community mental health centers or state opioid treatment programs certified by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Department of Health and Human Services expects that the proposed changes may increase utilization for telemedicine services, resulting in a potential increase in state Medicaid costs. However, the Department also expects the changes to result in an indeterminable long-term cost savings as a result of individuals receiving MAT for substance use treatment. The net result is an indeterminable impact on state expenditures.

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Leveraging Parent–Child Interaction Therapy and Telehealth Capacities to Address the Unique Needs of Young Children During the COVID-19 Public Health Crisis

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COVID-19 and related efforts to mitigate its spread have dramatically transformed the structure and predictability of modern childhood, resulting in growing concerns children may be particularly vulnerable to serious mental health consequences. Worldwide stay-at-home directives and emergency changes in healthcare policy and reimbursement have smoothed the trail for broad implementation of technology-based remote mental health services for children. Parent–Child Interaction Therapy (PCIT) is particularly well-positioned to address some of the most pressing child and parental needs that arise during stressful times, and telehealth formats of PCIT, such as Internet-delivered PCIT (iPCIT), have already been supported in controlled trials. This commentary explores PCIT implementation during the COVID-19 public health crisis and the challenges encountered in the move toward Internet-delivered services.

Keywords: COVID-19, PCIT, telehealth

In February, 2020, few families in the United States had ever heard of coronavirus (COVID-19). Less than 2 months later, very few families in the country had not added these words to daily conversations. Although each state created its own pandemic response, they saw many commonalities. By March, school closures and stay-at-home directives for almost every state in the country went into effect. As positive cases mounted and death rates climbed, questions were raised concerning the youngest impacted, our nation's children. Although children seemed less susceptible to the most devastating physical consequences of COVID-19, there were growing concerns that children might nonetheless be particularly vulnerable to serious mental health consequences associated with the public health crisis and associated extreme mitigation efforts.

Editor's Note. This commentary received rapid review due to the time-sensitive nature of the content. It was reviewed by the Journal Editor.—KKT

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Amid these widespread stay-at-home directives, most settings serving children and families swiftly moved to implement some version of technology-based remote services, including mental health services for children and families. As federal and state officials eased the restrictions on telehealth services (U.S. Department of Health & Human Services, 2020), the majority of mental health therapists scrambled to implement these services to ensure continuity of care for families, especially as children with preexisting mental health concerns are at higher risk for problems following stressful and traumatic events (SAMHSA, 2018). Furthermore, a rise in new families seeking to access mental health services across the country was expected based on prior disaster/large-scale trauma research related to quarantine and isolation (Cohen-Silver, Holt-Lunstad, & Gurwitch, 2020; Furr, Comer, Edmunds, & Kendall, 2010).

Challenging behaviors, disrupted attachments, and disorganized interpersonal relations are among the most common reactions of young children in times of stress, trauma, and/or disaster (DePierro et al., 2019; Kar, 2009). In addition, parental/caregiver distress during disruptive and overwhelming community events/disasters is positively correlated with increases in young children's mental health concerns (Kerns et al., 2014; Scheeringa & Zeanah, 2008). Moreover, evidence suggests that rates of domestic violence and child maltreatment increase during community health emergencies and times of school closure (Cluver et al., 2020). Accordingly, there is currently an urgent need for broad implementation of services that can help families reduce externalizing problems in young children, promote positive interactions and attachments, reduce caregiver stress, and promote safe and effective discipline practices.

Parent–Child Interaction Therapy (PCIT; Eyberg & Funderburk, 2011) is uniquely well-positioned to address the pressing mental health needs of young children and their families during this stressful time. PCIT is a short-term, evidence-based treatment designed for families with young children (2–7) experiencing behavioral and/or emotional difficulties due to a variety of reasons, including trauma. PCIT places an emphasis on building or strengthening a positive caregiver–child relationship, while teaching caregivers how to appropriately manage their child's problematic behaviors, emphasizing promoting structure, predictability, and effective family communication (Brinkmeyer & Eyberg, 2003). Studies have found PCIT to increase prosocial child behaviors, decrease negative child behaviors, reduce child trauma symptoms, reduce caregiver depression, improve behaviors in untreated siblings, and reduce physical punishment and child maltreatment recidivism (Chaffin et al., 2004; Gurwitch, Messer, & Funderburk, 2017; Lieneman, Brabson, Highlander, Wallace, & McNeil, 2017).

PCIT, relative to other behavior management programs, is particularly amenable to a telehealth format (Comer et al., 2015), affording unique compatibility with COVID-19 mitigation strategies. In its standard format, PCIT is delivered in a clinic setting, with the therapist behind a one-way mirror providing coaching during live family interactions via a parent-worn earpiece. Thus, in its standard format the PCIT therapist is already separated from the family. In recent years, PCIT researchers have developed Internet-delivered PCIT (iPCIT; Comer et al., 2017), a telehealth format of PCIT using videoconferencing as families broadcast home-based interactions in real time to a remote therapist who provides live coaching via a parent-worn earpiece. Outcomes from controlled trials of iPCIT have been highly supportive, showing significant reductions in child behavior problems and improvements in family interactions and overall functioning. Families treated with iPCIT, relative to those treated with clinic-based PCIT, have reported significantly fewer barriers to care, and some evidence suggests the rate of excellent responders is higher among iPCIT-treated families (Comer et al., 2017).

In the context of COVID-19 and the surging need for telehealth PCIT services, the PCIT International Board of Directors and PCIT Master Trainers (MTs) worked to rigorously promote PCIT fidelity across providers. The MTs and iPCIT leaders collaborated to quickly communicate with therapists and develop structured materials, including handouts, how-to guides, videos, and webinars, to help therapists responsibly apply PCIT in a telehealth format while also recognizing the unique mental health impact of the current global pandemic on children and families. All materials were distributed via a listserv available to all certified therapists and posted on the PCIT International website. Implementation focused on two key pieces, psychological first aid (PFA) and telehealth delivery of PCIT.

In the immediate aftermath of large-scale events, delivering PFA is recommended as a first step, prior to delivery of intensive evidence-based treatments (Vernberg et al., 2008). Therefore, MTs with trauma/disaster expertise developed recommended guidelines for conducting a PFA session for families currently in PCIT prior to "jumping back into treatment." The PFA-PCIT session combined the steps of PFA (Vernberg et al., 2008) with PCIT skills parents. For example, in the PFA step of gathering information, the PCIT skill of reflection (paraphrasing a child's comments) is used to gain understanding of what the child knows about COVID-19 and to validate how a child is feeling. This guidance on PFA was disseminated along with COVID-19 resources created for families by the National Child Traumatic Stress Network trauma and disaster experts (including a PCIT MT) on helping families cope and supporting children.

The next step of broad PCIT implementation during the COVID-19 public health crisis entailed supporting PCIT therapists expanding their practice to include iPCIT at this time. Even for therapists with considerable experience with office-based PCIT, administering iPCIT poses two main additional challenges. One challenge in adopting PCIT via telehealth pertains to reimbursement issues. Historically, many third-party payers have refused to cover services delivered in "unsupervised" settings, such as patient homes (Morland, Poizner, Williams, Masino, & Thorp, 2015). Fortunately, in March, 2020 the Center for Medicaid and Medicare Services granted new telehealth flexibility for the purposes of keeping people healthy while containing the community spread of COVID-19. Similarly, although many U.S. states did not previously require insurance providers and health plans to reimburse for telehealth services (regardless of location), in the early weeks of the U.S. COVID-19 crisis, a large number of states issued emergency telehealth coverage mandates that now prohibit public and private insurers from refusing to cover telehealth services. These expanded telehealth benefits have been granted on an emergency basis. It remains to be seen if this precedent will clear the path for expanded telehealth opportunities after the public health crisis is over.

A second challenge is the variability among families and therapists with regard to technological literacy, facility, trust, and capacity. Digital divides persist across the country, but fortunately most of the gaps in technology and Internet accessibility, particularly those gaps associated with race and ethnicity, are closing among families with young children. During the COVID-19 crisis, many school districts distributed tablets to families of limited means, and many telecommunications companies provided free WiFi, making online learning more equitable in the United States. For therapists' transition to telehealth, MTs and iPCIT experts developed materials, webinars, and videos to aid in therapists' confidence and abilities to provide iPCIT effectively to the children and families they serve.

In conclusion, PCIT is a long-established and flexible treatment showing strong effectiveness in reducing child behavior problems, containing child trauma symptoms, decreasing physical punishment and maltreatment, lowering caregiver stress and depression, fostering positivity in family relations, and promoting more secure parent–child attachments. Augmenting standard PCIT with PFA and leveraging modern technologies to afford synchronous, but remote, care is already addressing the urgent mental health needs of many families with young children during this uniquely stressful and challenging time. However, in order to achieve a meaningful public health impact during the COVID-19 pandemic and its aftermath, large-scale dissemination and implementation efforts are now needed, along with permanent changes in telehealth policy.

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TeleMental Health: Standards, Reimbursement, and Interstate Practice [Formula: see text]

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Affiliations

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Abstract

Background: TeleMental Health (TMH) is gaining widespread acceptance in the United States.

Objective: Summarize current evidence regarding TMH risks and benefits, standards of care, practice guidelines, reimbursement, and interstate practice issues pertinent to psychiatric nurses and consumers.

Design: A targeted review of literature, current practice, and TMH websites was generated using the following key search words: clinical outcomes, practice guidelines, regulations, interstate practice, and reimbursement for TMH. A search of government and professional organization websites and a literature review of PubMed and PsychINFO databases was limited to the past 15 years.

Results: Studies demonstrate TMH services are equal in efficacy to that provided in face-to-face encounters and preferred by some populations. Current TMH practice guidelines, reimbursement, and regulatory issues are reviewed.

Conclusions: Providers, including psychiatric advanced practice registered nurses, can use TMH to effectively address the growing need for mental health services, although regulatory, licensure, and clinical issues must be addressed prior to offering TMH services.

Keywords: interstate practice; outcomes; practice guidelines; reimbursement; standards; telemental health.

LinkOut - more resources

Medical

MedlinePlus Health Information

Miscellaneous

NCI CPTAC Assay Portal

January 28th, 2021

REGARDING HOUSE BILL 602

To Whom It May Concern:

For the last several months, due to COVID-19, I have been working remotely with individuals that were either clients prior to the hit of the pandemic or new to my caseload. As a trained and licensed mental health counselor I have watched anxiety and depression increase dramatically over the last several months. I currently have a waiting list of suffering, overwhelmed individuals who have been seeking help for months and I am unable to meet their needs because of my own overbooked schedule. This is not limited to my practice, but, in fact, it seems to be a shared experience amongst mental health providers across the board. I am also one of few providers that is willing to take Medicaid as many of my colleagues have had too many issues with reimbursement that they refuse to accept it any longer.

When I received the email alerting me to HB602 I was utterly in shock over the indecency of this proposal. As mental health workers and health care providers in general, we are all being asked to answer the need of the public with very little to no support. The proposal of this bill adds insult to injury. The state (and our country) has asked its civilians to stay put and stay safe. We have all been told to be careful with exposure to each other and avoid it as much as possible. Technology has been an incredible blessing in these times as it has allowed us to connect in ways we would not have been able to even 10 years ago. It has given us the ability to provide support to our most vulnerable populations and to individuals who feel isolated, fearful, and hopeless. Also added to this are the layers of an unstable political arena over the course of many months and the reality of a pandemic, both of which are running in the background as a cacophony of chaos. These individuals are unable to process grief from losing a loved one without closure and are lacking physical healing touch of a hug or even a handshake for fear it will cause someone that they love to become ill. While we, as healthcare providers, all do our part to be safe and follow the rules, it seems to me that this bill contradicts those rules on every level.

HB602 states that we, as mental health care providers cannot be reimbursed for audio-only sessions even if this is all that is available to a client. It also gives opportunity for insurance companies to reimburse our work, via telehealth, at a lesser value than in-person sessions when, in fact, it is the very mode that supports overall health to everyone involved. We need our leaders, at every level of government, to recognize the efforts being provided by healthcare workers instead of undermining and devaluing those efforts by penalizing providers using telehealth modes. We also need our leaders to recognize that, while helping to provide support to those in need, health care providers are doing so under the same conditions, chaotic background noise, and heightened anxiety that these circumstances have created in our own personal lives as well.

I would ask that our government not add another layer of stress to an already stressful situation.
In my estimation and based on my experience in this field I see no reason to include language eliminating coverage for audio-only care and I vehemently oppose the permission given via this bill to allow insurance companies the right to reimburse at a lesser amount for telehealth sessions that keep all involved parties safer.
I oppose HB602.
Sincerely,
Liane MaLossi Kerbyson, LCMHC
603.717.6383

New Hampshire Psychological Association
P.O. Box 1492
Dover, NH 03821
(603) 415-0451
www.nhpsychology.org
HB602 Oppose

Dear Honorable Chair and Members of the Committee:

On behalf of New Hampshire Psychological Association (NHPA), we respectfully request this Committee will take into account the significant negative impact HB602 will have on NH citizen's access to much-needed mental healthcare and substance use treatment as well as on the economic costs and burdens to New Hampshire employers and society if New Hampshire citizens with psychological disorders are not able to obtain treatment. **Amendment 2021-0205h does not eliminate our significant concerns with HB602. And our concerns are not simply focused on treatment during the pandemic.**

New Hampshire is experiencing a workforce shortage and a mental health and substance use crisis that have only worsened with the pandemic, they were not caused by the pandemic. We see the passage of this bill to be detrimental to these long-standing issues.

Economic Impact of Removing Parity

As the bill is amended in 2021-0205h, strikeouts in sections 1(b), 1 (c), 3 III and 4 V and changing wording in 4 V to "consistent with good clinical methodologies….no greater than" is vague and still removes a key component of the successful passage of HB1623 from last year – *parity in reimbursement to in-office services*.

Regardless of whether the modality is in-person or through telehealth, the service provided is the same and the overhead cost for mental health and substance use practices and providers is the same. Telehealth is not appropriate for every patient. New Hampshire Psychological Association's January 2021 HB602 survey also indicated that if telehealth services were reimbursed at lower rates than in-person services, providers and practices might be forced to limit telehealth offerings to not lose income, thereby leading to reduced access to care for underserved populations (rural, elderly, Medicaid, disabled, visually impaired) and veterans. In addition to the negative economic impact to the State from unmet mental health and substance use treatment needs as described above, it is important to highlight the negative economic impact to the many small businesses that provider practices represent if parity was removed. It would also result in an additional strain on the current workforce shortage as providers and practices possibly leave insurance panels to offset losses or find alternative ways to practice that increases a chronically challenged income stream.

Providers in small to medium sized practices, which 61% of respondents to New Hampshire Psychological Associations 2020 Workforce survey indicated working in that setting, have little to no ability to negotiate a contract. *That includes little to no ability to negotiate reimbursement rates in general and reimbursement for certain diagnostic codes and technologies.*

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HB602 Oppose

According to the American Institute for Economic Research's Cost of Living calculator, $80 in 1990 is equal to $160.11 in 2021. Today, Medicaid reimburses a family therapy session $61.65. **Increasing administrative burdens, decreasing payments, unbalanced negotiation abilities and Anti-Trust laws that do not allow for bargaining power among small and medium sized practices all indicate it is not a level playing field in a free market**. HB1623 clearly defined equal reimbursement for in-office and teletherapy.

Provider Survey Results regarding use of audio only

Last year's bill, HB1623, which had overwhelming support and subsequently became law, increased access to treatment through *both* audio-only and video telehealth options. This allowed providers and patients to continue treatment regardless of technical challenges (e.g., if a patient lacked internet access, a laptop, or cell phone, etc). The specific words "audio-only" were clear. The amendment's addition that begins with "good clinical methodologies" does not define who would determine this. We strongly believe clinical decisions are best determined by the patient and the provider. **Providers are the ones that bear the responsibility and liability of providing clinical care and mental health outcome studies show the relationship with the clinician is key to successful treatment. Innovation in the field of mental health will not be the same as the medical field and is a slow process for a mental health crisis and workforce shortage that was here before the pandemic.** Providers have the most knowledge of each individual patient's needs. The provider is also the one who is responsible for meeting the continuing education requirements and ethical practice under licensure.

NHPA's January 2021 HB602 survey of mental health and substance use providers throughout the state in all scopes of practice and treating patients in all age ranges, identified that **73% of provider respondents use audio-only telehealth services** with their patients. The main reason for use of audio-only services was that patients did not have access to video and/or did not have internet access that allowed for a high-speed connection suitable for video sessions. Other reasons were related to unreliable and/or inconsistent internet connection. If audio-only telehealth services are no longer reimbursed, providers will not be able to provide this option to patients. Provider concerns over loss of audio-only telehealth services include: patients' relapse in substance use, increase in emergency department visits and psychiatric hospitalizations, increase in family crisis/domestic violence incidents, and negative impact to patient work functioning. Why would we change legislation so that it limits access to care?

Impact on Access to Care

Telehealth has not only allowed access to treatment during COVID, it has become a helpful alternative to in-office appointments that many patients appreciate and will choose even after the pandemic. Telehealth, using both audio-only and video modalities, has become a valued option in increasing access to treatment for veterans, rural, disabled, visually impaired, underserved, and elderly populations in general, as well as providing an ongoing option beyond COVID to

decrease no shows due to transportation, childcare conflicts, illnesses, snow emergencies and other difficulties that can impact attendance at appointments.

New Hampshire Psychological Association's December 2020 Workforce Survey indicates **50% of responding clinicians often or always have a waitlist and 40% of responding clinicians say it is almost always very difficult to find a clinician who can accept new clients**. Limiting or losing access to audio-only telehealth treatment will ultimately result in increased costs for the State either through expensive emergency services or more intensive services, both now during the pandemic and after. Unmet mental health and substance use treatment needs lead to poorer job performance, increased disability claims, overdose events and deaths, increased family conflict and domestic violence, and poorer physical health outcomes, among other serious problems.

Thank you for your time and for your service to the citizens of New Hampshire. Please **OPPOSE HB602**.

Julie B. Wolter, Psy.D.
Chair, Behavioral Healthcare Advocacy Committee
New Hampshire Psychological Association
BHAC@nhpsychology.org
(603) 415-0451

Tom Reichheld
8 Jenkins Court
Suite 406
Durham, NH 03824-2323
(603) 455-6152
tomreichheld@live.com

January 30, 2021

Re: HB 602-FN

Dear Representative,

I am writing to let you know of my strong opposition to HB 602. I am a Licensed Clinical Mental Health Counselor- having recently moved my practice to Durham after having practiced in Wolfeboro for over 25 years. This bill will prove a very significant impediment to providing mental health services to many of my clients. My concerns are:

1, I am now only having psychotherapy sessions with clients via telehealth. Telehealth sessions over the telephone are a regular part of my providing mental health services to my clients. A small percentage of my clients don't have internet access but, even for those that do, internet access isn't always reliable and - usually on a daily basis- connections fail and are interrupted. I often use the telephone to assist of replace internet access.

2. Although I (and most of my clients) would prefer the more-personal connection of video, telephone therapy is not remarkably inferior to having a video connection. I have over 30 years of experience doing psychotherapy and believe telephone sessions are effective. These are not "chit-chat" conversations, like we might have we a friend or family member, but are serious, contemplative sessions- often addressing critical issues- that call for all of my professional skills.

3. Clients who don't have internet access or who have unreliable access are often some of the more vulnerable people in our communities- notably poorer, older, and sometimes more disorganized in their ability to use the internet.

Without hyperbole, I am quite concerned about my ability to provide appropriate, ethical services to some clients without the use of telephone therapy- especially given the limitations of face-to-face meetings imposed by virus concerns. To most of us in this profession, telephone therapy with clients is a regular and important adjunct to our video telehealth sessions.

Sincerely,

Tom Reichheld

North Star Counseling, PLLC

Clare Righini, LICSW • 207-200-6706 • clare.righini@gmail.com

To The State of New Hampshire House Committee:

Oppose House Bill 602

I am writing to oppose the removal of an audio-only option for telehealth, due to the following benefits:

Providing services to:

- Patients without reliable or no internet access
- Older patients without access to or limited knowledge of technology
- Patients who need flexibility in order to make their mental health a priority

I am writing to oppose allowing insurance companies to reimburse Telehealth at a lower rate than in-person, due to the following benefits:

Providing services to:

- Patients with physical or medical conditions making it difficult or impossible to leave their home
- Patients with limited or no access to transportation
- Patients who feel more comfortable in their own environment

Supporting mental health providers by:

- Maintaining fiscal support to small businesses
- Lowering provider burnout due to increased flexibility, health and safety

Supporting the New Hampshire infrastructure by:

- Preventing future costs associated with more intensive services

Both the continued use of the audio-only option for Telehealth and continuing the same rate of reimbursement for Telehealth as in-person, alleviate obstacles in receiving mental health treatment and therefore, promote greater mental wellness to a wider range of the New Hampshire residents.

Thank you for your time and consideration,

C Righini, LICSW

Clare Righini, LICSW

Silvia von Sacken, LICSW
6 Mary E. Clark Drive, Suite 3
Hampstead, NH 03841

TO: Heath and Human Services and Elderly Affairs
FROM: Silvia von Sacken, LICSW
Rockingham District 4
RE: HB602
DATE: 2/1/21

I am writing as a behavioral health care provider practicing in Hampstead, and as a health care consumer living in Sandown. I am 100% OPPOSED to HB602.

As a behavioral health care provider, audio only options have been beneficial to those clients of mine who, for various reasons, do not or cannot access audio + video platforms. People using the telephone only are mostly elderly, these folks are sometimes ill equipped with the technology - don't own camera enabled devices - or are afraid to use them. One client in particular, disabled, was a victim of identity theft…she is averse to most communication with computer at least for now. Taking away reimbursement for audio only services limits access, and excludes many consumers from a legitimate service.

As a health care consumer I recently had a consultation with a provider at NEHI at CMC. We tried valiantly to get the video link to work, but between the 2 of us we couldn't trouble shoot the issue so settled for a phone consultation rather than waste more time. The idea that her services are of LESS VALUE over the phone is insulting.

Tel. 603.329.6330 **silviavon@comcast.net** **Fax 603.329.5197**

Expecting people to come into my office at this time is not safe. I occupy a suite with 2 other professionals. I continued to rent and support this office since last March 2020 in hopes that we would return to face-to-face services at some point. My office is small, no window to the outside, and not suitable based on any current guidelines regarding an hour of talking in close quarters. If I cannot see people in the office their only option is teletherapy. It is MORE VALUABLE now than EVER BEFORE. Teletherapy has meant NO interruption of services to my clients. It has allowed me to remain safe and not risk my family's health. Toward this end, as a small business I have made modest but nonetheless necessary investments in HIPAA compliant platforms, invested in an air filter, and sought training in teletherapy practice. **Allowing insurers the option to devalue telemedicine at this time is just bad judgement.**

Sincerely,

Silvia von Sacken, LICSW

cc: Governor Sununu

www.DerryMedicalServices.com

DERRY MEDICAL CENTER

Phone: (603) 537-1300

Caring for entire families since 1964.

House Health, Human Services and Elderly Affairs
Committee Members HB602

Feb 2, 2021

I am writing to you on behalf of the Derry Medical Center with offices in Derry, Londonderry, Bedford and Windham. We are the largest and oldest independent Primary Care group in the State. With 55k patients and over 60 providers we provide services to a large population in Southern New Hampshire. I have served as the CEO for the past 22 years.

The Covid-19 pandemic is unprecedented. New Hampshire's response has been outstanding and the citizens of NH have been medically served better than a lot of other areas of the country. The approval of parity legislation (HB1623) was bold and appropriate. It added certainty to patient access by making Telehealth parity permanent. Providers could invest in infrastructure and personnel to provide services more broadly in a new format. Primary Care is approximately 7% of the per person healthcare spend. Creating parity with in-person rates has not changed this. To the contrary it has facilitated access and continuation of care that otherwise would disappear.

In March of 2020 the public began isolating and it has not stopped. Derry Medical Center provides services to 200-400 patients per day via Telehealth services. Some important points that should be considered before the current law is modified.

- Prior to Covid-19 there was no viable model or incentive to take care of patients remotely. While the technology existed, use was minimal. The payment rates for Telehealth services by health plans did not cover the cost of providing the service. Payors and even clinicians didn't understand the power of this model and the ability to care for patients with acute and chronic disease. Prior to this it was used mainly for a narrow set of acute conditions such as a rash. This is not the case anymore.
- The legislation passed last year put certainty around this model. The investment in technology is substantial. Providers such as DMC would not make this investment without certainty around rates. HB1623 redirects capital to create the ability to provide these services. It also preserves an eroding provider base as the population of NH ages.
- The public is demanding this service. Social distancing, safety concerns, and inability to leave the house is driving demand. DMC has not cut back on in person visits. We are establishing cadences for in-person versus Telehealth services so patients receive both. This will be the model going forward. Patients with questionable symptoms will be evaluated and tested without coming in the office. This protects all parties.
- The cost of providing this service is not less than in-person visits. There was an implicit belief that somehow it was less costly. In most cases these visits are longer than in person. It still takes staff to manage testing, referrals charting etc. History taking takes more provider time on telehealth visit. Prior to parity, payments rates were discounted by as much as 70% for remote services. There was no logic in this whatsoever. It was bad public policy and built around a set of circumstances that no longer exists.
- Telemedicine reduces hospitalizations and ED visits.

- Video is **NOT** a requirement While it is easy to do, the choice of virtual (video and audio) is primarily made by the patient. Elderly patients tend to demand audio only but this is changing. There should be no distinction in the legislation at this time as that disadvantages the patient. Education and assistance to patients with smart phones to add video is the key.
- Providers can't and won't provide this service at the prior rate model. It will disappear overnight. This is happened in other states where parity didn't exist. Patients have not been able to get necessary primary care services at the expense of their health. Contrary to popular belief health plans are not healthcare providers. Driving providers out of business or patients to the ED is not in the public interest.
- Primary Care providers can only be successful if the Specialists they utilize are able to assist in patient care. We know for a fact that throughout this pandemic rate parity was the only thing that kept many subspecialty practices open. Patients with chronic disease rely on both primary and specialty care. Not every subspecialist is employed by a hospital. Even if they were, viability would become an issue quickly.
- The pandemic is not over by a long stretch. The damage done to public psyche around risk of infection will be around for a long time. Encouraging investment and innovation now is the key to improving access to services and reducing long term costs.

Changing the rules this soon will only serve to reduce access to care and increase costs for New Hampshire residents. This is not the right time. This pandemic is not over. The original legislation called for a Telehealth Study Commission which will allow for discussion and determination of best practices, data by specialty and development of a path forward to make informed recommended legislative changes to HB1623 .

Sincerely,

Thomas E. Buchanan
CEO Derry Medical Center

January 29, 2021

The Honorable Mark Pearson
Chairman, New Hampshire House Health, Human Services & Elderly Affairs Committee
New Hampshire House of Representatives
107 N Main St., Seat #1009
Concord, NH 03303

The Honorable William Marsh
Vice-Chairman, New Hampshire House Health, Human Services & Elderly Affairs Committee
New Hampshire House of Representatives
107 N Main St., Seat #2031
Concord, NH 03303

RE: ATA OPPOSITION TO HOUSE BILL 602

Dear Chairman Pearson and Vice-Chairman Marsh,

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing you to express our concerns about House Bill 602, which amends the definition of telemedicine as well as the definition of Medicaid and commercial insurance reimbursement for telemedicine services in New Hampshire.

The ATA is the only national organization whose mission revolves solely around the advancement of telemedicine in the United States. Our utmost priority is ensuring that Americans have the ability to receive affordable, quality health care when and where they need it. The expansion of telemedicine infrastructure around the country eases strain on the overburdened health care system, enabling it to provide care for millions more patients every year in an efficient and effective manner. The ATA represents a

AMERICAN TELEMEDICINE ASSOCIATION
901 N. Glebe Road, Ste. 850 | Arlington, VA 22203
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diverse and expansive coalition of technology solution providers and payers, as well as partner organizations and alliances, working together to promote the implementation of telehealth across the country, endorse responsible telehealth policy, encourage government and market normalization, and deliver education and resources designed to further the integration of virtual care through the use of various innovative technologies.

The proposed legislation revises the definition of telemedicine, excluding audio-only telephone modalities from the list of technologies which qualify as acceptable in the delivery of telemedicine services for health care professions. House Bill 602 represents a significant step backward for telemedicine in New Hampshire. As patients search for more convenient and affordable ways to access quality health care, state policies should be expanding rather than restricting the modalities used to deliver care. If the health care professional providing telemedicine services determines based on professional judgment that the standard of care can be met, the professional should be able to use an assortment of innovative technologies to provide care to their patients. Prohibiting the use of audio-only telephone capabilities in the delivery of telemedicine services would eliminate effective technologies that are in use in some efficacious instances to treat New Hampshire patients today.

Additionally, this bill would prevent New Hampshire residents from enjoying the full benefits of innovative telemedicine technologies. Throughout New Hampshire, there remains a widespread shortage of health care workers. According to New Hampshire Public Radio, there were over 100 vacant positions at community health care centers across the state in 2019 and 2020. Audio-only telephone technologies help overworked practitioners this gap, connecting doctors and patients at any place and any time. Furthermore, over 27,000 New Hampshire residents do not have access to the reliable, high-speed internet capabilities necessary to utilize real-time, audiovisual technologies. The use of audio-only telephone modalities, which are accessible even with low bandwidth, allows these underserved and unserved individuals to receive the same level of health care as those with access to high-speed internet connections. We urge you and

your colleagues to consider the potential consequences of the discriminatory language proposed in House Bill 602, including the construction of arbitrary and clinically unnecessary barriers to your constituents' access to the health care they need and deserve.

Regarding the issue of reimbursement for health care services rendered through telemedicine technologies, state policymakers should set rational guidelines that are both fair to the provider of such services and reflect the cost savings that the effective use of telemedicine technologies offers to the health care system.
In the context of the ongoing COVID-19 pandemic, it is essential to make it easier for New Hampshire residents to access affordable, quality care through telemedicine. We believe that House Bill 602 would make it substantially more difficult for patients in the state to receive this care, placing the state among the most regressive in terms of telemedicine policy. We encourage you and your colleagues to implement telemedicine-related policies that empower providers to utilize an assortment of technologies and allow for flexibility regarding future technological developments. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in your state. If you have any questions or would like to engage in additional discussion regarding the telemedicine industry's perspective, please contact me at kzebley@americantelemed.org.

Kind regards,

Kyle Zebley
Public Policy Director
American Telemedicine Association

February 2, 2021

The Honorable Mark Pearson, Chair
House Health and Human Services Committee
Legislative Office Building, Room 205
33 North State Street
Concord, NH 03301

Re: New Futures' Opposition to HB 602-FN (relative to reimbursement for telemedicine),

Dear Representative Pearson and Honorable Members of the Committee,

New Futures appreciates the opportunity to testify in opposition to HB 602-FN, relative to reimbursement for telemedicine. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, health care providers and families to increase access to quality, affordable health care throughout the Granite State.

New Futures stands strongly in opposition to HB 602-FN, as it would restrict access to critical health services for thousands of individuals and families. Under the ongoing COVID-19 pandemic, the recent expansion of telehealth, authorized last session under HB 1623, has been a lifeline for many, allowing them to access needed primary, behavioral health and other forms of needed care remotely over the computer or the phone. Health care practitioners across New Hampshire, including many substance use and mental health treatment providers, have reported significant increases in attendance and participation rates in the months since telehealth was expanded in our state.

With any luck, the COVID-19 pandemic will soon wind down, but the need for these telehealth services will not. Long before this public health crisis hit, certain physical, geographic and socioeconomic challenges, among others, prevented many Granite Staters at times from accessing in-person care. We fear these obstacles will only be heightened in the aftermath of COVID-19, further reinforcing the need for telehealth.

By eliminating audio-only phone services as an eligible mode for telehealth, HB 602-FN would leave many Granite Staters who rely on the phone due to inconsistent internet access struggling once again to secure the care they need. Further, by eliminating the reimbursement parity requirements included in HB 1623, this bill could deprive some care providers of the support and resources they need to extend telehealth services to patients across the state. In short, this bill would undo much of the ground we have gained extending access to care during this pandemic. It would deprive us of a key tool in our efforts to combat the ongoing substance use and mental health crises, and it would leave us less able to keep our state safe and healthy into the future.

For these reasons, New Futures respectfully requests that the Committee recommend HB 602-FN Inexpedient to Legislate. Please don't hesitate to contact me if you have further questions.

Respectfully submitted,

Jake Berry, Vice President of Policy, New Futures

NEW HAMPSHIRE NURSES' ASSOCIATION

25 Hall St. Unit 1E, Concord, NH 03301
PHONE: (877) 810-5972 Ext 701
EMAIL: office@nhnurses.org
WEBSITE: www.NHNurses.org

January 29, 2021

Dear Rep. Edwards, Rep. J. Osborne, Rep. Hunt and members of the Health, Human Services and Elderly Affairs Committee

On behalf of the NH Nurses Association, thank you for the opportunity to submit comments about ensuring access to telemedicine. Our Association is comprised of over 1100 member nurses representing the over 20,000 nurses in NH. Our shared mission is to promote nursing practice and the wellbeing of New Hampshire nurses by providing professional development, fostering nurse innovation and leading in health advocacy to enhance the health of the people in New Hampshire. Our intent in writing to you today is to state our strong opposition for HB 602 relative to reimbursements for telemedicine.

The current pandemic required providers to rapidly switch the delivery of services from an in-person modality to telemedicine, with the goals of ensuring no gaps in care and enhancing existing services. It is safe to say that this has been both transformative and successful, with the majority of patients surveyed to date reacting favorably to their experiences with telemedicine.

The hard work and ability of thousands of clinical, administrative, and IT staff at hospitals, community health centers, community mental health centers, and other facilities, to so quickly change over to a whole new model of care is a testament to their dedication to their patients and their fellow NH citizens. There are areas of physical and behavioral health care services that are not appropriate for telemedicine, and we know that it will not replace all in-person care, but it is clear telemedicine has been a bright spot among a sea of change.

The language in HB 602 defining Telemedicine that "does not include the use of audio-only telephone or facsimile" negatively impacts those without computers or smart phones. This bill fails to identify the ESPECIALLY important issue of increased harm to rural patients relative to urban. Telemedicine has been a lifeline for countless thousands upon thousands of patients and the vast majority of mental health services are currently being delivered in this fashion. Audio only is an important back up when the video portion fails, which is COMMON depending on the patients bandwidth. And as noted, elderly, low income, rural folks – all people with higher health risks will be impacted the most negatively. Providers note it is critical for caring for Medicare patients, especially in rural areas, who do not have audio-visual capabilities due to lack of internet access.

Also, providing telemedicine takes just as much provider time as in-person visits – they should not be reimbursed at lower rates. It is difficult to conjure up what possible rationale there might be for lowering payments. Telemedicine offers convenience, frees up time in patients' busy schedules, and breaks down transportation barriers to care. Telemedicine has also resulted in expansion of behavioral health services, alleviating obstacles to receiving care, including trauma and anxiety that can be triggered when entering a medical office. The Governor's Office demonstrated foresight by expanding telemedicine access in legislation that allowed primary care providers to bill Medicaid and private insurance for telemedicine visits. This parity should continue.

For these reasons and many more, health care providers are making changes in their offices to accommodate for telemedicine as the way of the future. It is our duty to ensure that it continues to be available to patients and so that providers in our state can do their jobs effectively.

Thank you for your attention to this matter

Sincerely,

Pamela P DiNapoli, PhD, RN, CNL
Executive Director
25 Hall Street Suite 1E
Concord, NH 03301
(877)810-5972 X701 Office
(603) 566-7407 Cell
nhna.ned@gmail.com

Hon. Mark Pearson, Chair
House Health, Human Services, and Elderly Affairs Committee

February 2, 2021

Re: House Bill 602

Mr. Chairman and Members of the Committee,

Dear Representatives - I am an Internist and Geriatrician who takes care of both younger and elderly patients in the Claremont/Sullivan County region, and I am mystified as to why you are proposing a bill to exclude Medicaid reimbursement for telephone visits from prior "telemedicine" legislation. During this pandemic, patients who don't have the capacity to come in for care, or wish to avoid sitting in doctor's waiting rooms, have had critical care provided via telephone.

As you know, CMS, via Executive Order on Improving Rural Health and Telehealth Access, last year expanded reimbursement via Medicare for such services. HB602, would therefore seem to be specifically targeted at Medicaid patients, many of whom, like seniors, do not have access to computers or be able to afford the cost of cable access. Hence, you are selectively -and it would appear punitively - denying such service during a pandemic to those who cannot afford or manage a video component to their visit.

Perhaps the rationale for this bill is to save state Medicaid dollars. The patients who most benefit from the telephone services are those rural citizens who are most impaired and poorest. This includes patients with serious medical conditions and immunodeficiencies, as well as patients with serious mental health disorders. Such patients with serious mental health issues, like schizophrenia, bipolar or severe anxiety, require frequent contact/visits to assure adherence to the medications which enable them to function. Their care costs will climb if they are denied a service which helps them stay out of the hospital, work and function in the community. This proposal is "penny wise and pound foolish," and also likely to provoke lawsuits based on discrimination, which will also cost NH taxpayers more money than would be saved.

I appreciate your responses as to the data or thinking behind this legislation.

Respectfully,
Ken Dolkart MD

Dr. Deborah Warner
Licensed Clinical Psychologist
Littleton, NH 03561
Warner@330608.com 603-444-1512

HB 602 HHSEA Comm eHearing 2021 02 02 9:30 am For your consideration, please.

1. **Fee reimbursement for telemedicine needs to be equivalent to in-office rates because the work is the same or more and the professional costs are the same or more, whether in person or online.**

   I have been before this committee before concerning telemedicine legislation, including this reimbursement issue. You might recall, previously I was seeing a small portion of my patients online, many who were medically homebound and in dire need of services. I was not able to see a higher percentage of telemedicine patients because the low reimbursements at the time caused a financial loss in my business.

   With Covid, now 90% of my patients are seen online. And I can now afford to see them online because of the parity of the reimbursements that have been enacted. My day is full work, and in fact even more strenuous especially if I have not planned time to get up between sessions as I would have previously (in going down the hall to the waiting room to welcome my next patient). Now if I sit longer, I am more sore at the end of the day, and also have done the more work with the patients I see, as I have to fill in clinically the areas that I cannot see directly. I now add daily or weekly questionnaires customized to their needs, which takes extra time and expense to develop. My overhead is actually greater. I still have my office, practice insurance, phones, billing software, yes. Plus now my computer needs upgrading to deal with the demands of streaming, I have had to add another internet line at the house, because several of us are working at home. I pay for additional clinical tools and training to practice online.

   This is a small business issue that the legislature has taken seriously before in bipartisan support. The predecessor bill in 2017 which was HB 1471, led to a study committee that did result in the parity being passed. HB 1471 was also helped with the strong support of then Majority Leader Dick Hinch (see photo below of us with Governor Sununu signing the bill). Parity of reimbursement is a small business issue. The small businesses that need this protection are unable to negotiate better reimbursement rates on their own, because they are prohibited from collective bargaining by the government. These small businesses have been put at a great disadvantage by those restrictions on this matter; and the legislature can and should keep these small business protections in place.

2. **Even aside from the outcome of issue #1, fee parity, win or lose on that issue, changing the definitions of telemedicine in all of the health professions will not make this bill's intent stronger for the issue of reimbursement that the bills' authors appear to be stressing with this new language in the definitions. It is unnecessary and redundant if they win the fee issue, and the language change in all of the health professions will have many <u>dangerous unintended consequences</u>. I recommend that sections 8 – 25 of the bill be removed.**

   I am on the Board of Psychologists now, and previously sat on the Board of Mental Health Practice before that when they held Psychology licensure; boards of similar structure. And, since we were not aware of these items at our last board meeting and could not review this legislation together, I am not speaking on behalf of the board, but I can speak informatively about the impact of this language on the rules and function of the boards' regulation of the licensees. I am the rule nerd on the board, and can very much see the **<u>dangerous impact</u>** of these simple changes in all of the health professions definitions of telemedicine.

   "Telemedicine" shall not include the use of audio-only telephone or facsimile.

   If telephone and facsimile communications are removed from the definition of telemedicine for the professions, then the boards will not have the authority to make rules about those methods of patient contact and will not be able to enforce practice standards for phone calls between doctors and patients or faxes either. I can tell you that over my 4 years on BMHP and my 4 years on Board of Psychologists, that there are many serious practice issues that happen on the phone for patients, and they need to have their professional services accountable and held to the strict standards of the state's practice codes. I cannot reveal details from discipline cases, but you would certainly want unprofessional conduct over the phone to be subject to as much scrutiny as office actions. What if the patient is talking to their doctor by phone and is harassed, or insulted, or given faulty guidance, or other unspeakable unprofessional actions? Your state's boards currently can enforce standards of care pertaining to that conduct, including whether by phone or fax machine. To exclude those media from enforcement is a **<u>dangerous broad gap in protecting the public</u>**.

I respectfully ask that you please remove sections 8 – 25 of the bill and deal only with the fee language of sections 1-7 in this bill's consideration.

Signing of HB 1471 on June 18, 2018
Majority Leader Richard Hinch, Dr Deborah Warner, Governor Chris Sununu,
Rep Paul Migliori, Sen Martha Fuller-Clark

Regarding HB 602 – relative to reimbursements for telemedicine

Dear House Members,

My name is Laura Duncan and I'm a Licensed Clinical Social Worker and psychotherapy group practice owner in the state of NH. I am speaking today to encourage parity for telemedicine services reimbursement in the state of NH.

Since the pandemic began last March of 2020, our practice of eight therapists and one nurse practitioner have been providing tele mental health services for our clients exclusively. Here's a little snap shot of what we have witnessed these past 10 months. Many of our clients are parents, whose children are engaged in remote learning activities. Without access to tele medicine services, these clients would not be able to receive services at all, as it would not be possible for them to take their children out of school to attend an appointment. Furthermore, we've seen a sharp increase in depression, anxiety, substance use and general stress during the pandemic. Many of our clients have lost their jobs, they are extremely stressed, and the only outlet they have is an hour of time to work on developing coping skills with their therapist.

In addition, many of our clients are front line providers who are witnessing death and dying every day. These members of our community are incredibly vulnerable right now during a time when we need them to be at their best. We've heard from many of them that they themselves have contemplated suicide, as the daily weight and trauma of what they witness every day is too much. Again, our therapists serve as a life line for them during a time when they need as much support as possible to get through this time.

It is widely recognized that psychotherapy and mental health medication helps keep people out of hospitals and emergency rooms, during a pandemic or otherwise, thereby saving thousands of dollars for insurance companies. The cost of an average psychotherapy session pales in comparison to the long term savings insurance companies enjoy when their members stay out of the hospital, especially during a time when the system is so over burdened already.

We also recognize that there will be a new wave of destruction the Coronavirus has created during this last year that we have yet to realize. There is a generation of individuals across the country who have been traumatized by this massive, negative life event. Once the dust begins to settle, we expect to see an increase in the demand for mental health services in an already over burdened system. As a small business owner, I can only hope to be able to stay afloat financially to support our community here in NH. If rates are reduced for telehealth visits for our practice, we may be forced to close, causing hundreds of our clients to search for services elsewhere, or go without. The ripple effect WILL cause an increase in psychiatric

hospitalizations, no doubt. Today I strongly urge you to consider maintaining parity for telehealth services in the State of NH.

Thank you,

Laura Duncan, LICSW
Women's Counseling of Nashua
Nashua, NH 03060
(603)-821-0008
Laura@Womenscousnelingofnashua.com

Anthem Blue Cross and Blue Shield
1155 Elm Street, Suite 200
Manchester, NH 03101-1505
Tel 603 541-2000

February 2, 2021

Chairman Mark Pearson
Health, Human Services and Elderly Affairs
107 North Main Street
Concord, NH 03301

Dear Chairman Pearson and Members of the Committee,

I am writing on behalf of Anthem with comments related to HB 602, *relative to reimbursements for telemedicine*. Anthem has long supported and encouraged the use of telemedicine, and the increased use (and necessity) of telemedicine during the pandemic demonstrated its importance as a care delivery tool. While we do not take a position on this bill, we do think that looking into whether differentials in reimbursement for different modalities of care is worthy of discussion.

From a public policy perspective, telemedicine provides the opportunity to deliver innovative care, without tying it to a system that was contemplated for a brick and mortar form of delivery. Improvements and innovations in telemedicine delivery can help drive down health care costs, but forcing reimbursement parity, regardless of the actual cost associated with a modality of care delivery, stifles the opportunity for innovation and lowering costs. Therefore, we support further discussion on the question of how to assess the cost and value of different modalities of care, including the consideration that lower cost modalities might be more appropriately reimbursed at lower rates.

In closing, I want to note that I sit on the Commission to Study Telehealth Services, created by HB 1623 last year, and this seems like an appropriate topic for the Commission to consider. As we continue to gain more experience with telemedicine and have more data and information to review in the coming months, we can consider the best ways to make telemedicine more efficient, available, and cost-effective.

Sincerely,

Sabrina Dunlap
Sr. Director, Government Relations
(603) 703-8073
sabrina.dunlap@anthem.com

Rep. Edwards, Rock. 4
February 1, 2021
2021-0195h
08/10

Amendment to HB 602-FN

Amend the bill by replacing all after the enacting clause with the following:

1 Medicaid Program Reimbursement. Amend RSA 167:4-d, III(b) and (c) to read as follows:

(b) The Medicaid program shall provide coverage and reimbursement for health care services provided through tele medicine ***in accordance with good clinical methodologies supported by clinical efficacy research or accepted clinical practice*** [~~on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person~~].

(c) The [~~combined~~] amount of reimbursement that the Medicaid program allows for ***may include*** the compensation to the distant site and the originating site [~~shall not be less that the total amount allowed for health care services provided in person~~].

2 Medicaid Program Reimbursement. Amend RSA 167:4-d, III(e) to read as follows:

(e) The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, [~~audio-only,~~] or other electronic media provided by medical providers to treat all members for all medically necessary services.

3 Telemedicine; Insurance Coverage. Amend RSA 415-J:3, III to read as follows:

III. An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine [~~on the same basis as the insurer provides coverage and reimbursement for health care services provided in person~~].

4 Compensation; Limit. Amend RSA 415-J:3, V to read as follows:

V. The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall be [~~the same as~~] ***consistent with good clinical methodologies supported by clinical efficacy research or accepted clinical practice and no greater than*** the total amount allowed for health care services provided in person.

5 Reimbursement; Telehealth. Amend RSA 415-J:3, XI to read as follows:

XI. An insurer shall provide reimbursement for all modes of telehealth, including video and audio, [~~audio-only,~~] or other electronic media provided by medical providers to treat all members for all medically necessary services ***in accordance with good clinical methodologies supported by clinical efficacy research or accepted clinical practice. Notwithstanding any rule or statute to the contrary, this paragraph shall not be interpreted as a prohibition or ban on the reimbursement for audio-only telehealth services***.

6 Applicability. Sections 1 through 5 of this act shall take effect on the date the governor verifies to the director of the office of legislative services and the secretary of state that emergency order #8 pursuant to executive order 2020-04 relative to the temporary expansion of access to telehealth services to protect the public and health care providers is vacated or expired.

7 Effective Date.

I. Sections 1-5 of this act shall take effect as prescribed in section 6 of this act

II. The remainder of this act shall take effect upon its passage.

2021-0195h

AMENDED ANALYSIS

This bill makes changes to the reimbursement limits for telemedicine.

Rep. Edwards, Rock. 4
February 1, 2021
2021-0195h
08/10

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2021-0195h

AMENDED ANALYSIS

This bill makes changes to the reimbursement limits for telemedicine.

For what it's worth, I have an amendment in for legal drafting that I'll be introducing with HB602 on Tuesday.

It should address most, if not all, of the concerns.

- It creates a 180 day transition post EO expiration
- It breaks the government mandate on price controls forcing the same reimbursement levels for telemedicine and in-person.
- It allows private payors to pay more or less than in-person care. That's a private sector decision, not a government one in my view.
- It states efficacy research or clinically accepted practices are the basis of telehealth price setting
- It removes references to audio-only leaving it to clinical experts to decide when a phone call rises to the level of compensated healthcare delivery

Best Regards,

Jess Edwards
NH State Representative (Auburn, Chester, Sandown)
Chairman, Division III DHHS/Veterans Home, Finance Committee (2020-present)
Department of Health and Human Services Oversight Committee (2021-present)
Joint Committee on Dedicated Funds (2021-present)

Fiscal Committee of the General Court - Alternate (2020-present)
Chairman, NH General Court Veterans Interest Caucus (2019-present)

Rockingham County Long-Term Care Services Committee (2017-present)
Auburn Planning Board (2016-present)

2019-2020 Ways and Means Committee
2019-2020 Commander Legislative Squadron, NH Civil Air Patrol, Lieutenant Colonel
2019-2020 Mental health and social service business process alignment and information system interoperability study committee

2017-2018 Health, Human Services, & Elderly Affairs Committee
2017-2018 Mental health and social service business process alignment and information system interoperability study committee
2018 Telemedicine and health care reimbursement for telemedicine and telehealth study committee
2018 Group home rate parity study committee

(603) 370-7885
Jess.Edwards@leg.state.nh.us

February 2, 2021

Representative Mark Pearson, Chairman
House Health, Human Services, and Elderly Affairs Committee
33 N. State Street, LOB Room 205
Concord, NH 03301
Submitted via email to: HHSEA@leg.state.nh.us

RE: HB 602 relative to reimbursements for telemedicine

Dear Chairman Pearson and Members of the House Health, Human Services, and Elderly Affairs Committee:

My name is Elisabeth Maguire, and I am licensed clinical social worker employed by Harbor Care Health & Wellness Center located in Nashua, New Hampshire. Harbor Care Health & Wellness Center is a federally qualified health center and is designated as a Homeless Health Center. We served approximately 3,200 patients in 2019 and we provided over 25,000 visits. Approximately 75% of our patients experience homelessness. Our services include primary care, substance use disorder treatment, behavioral health, and oral health services. We provide these services regardless of ability to pay or insurance status. The purpose of this letter and my testimony is to explain the importance of telemedicine to our patients, our staff, and our health center.

When the pandemic began last March, Harbor Care quickly pivoted to providing medical and behavioral health services via telehealth without shutting down services for a single day during the transition. We pride ourselves on being accessible 24x7x365, including during a global pandemic. We remained open and will continue to remain open because we can utilize telehealth as a modality, and we are reimbursed for those services at parity for in-person visits.

Patient demand for behavioral health services increased by 48% between 2015 and 2019, and even more so during the pandemic. Since the pandemic began in March 2020, our visit volume has increased 10%. Serving our patients using telehealth allows our patients to safely access services from the comfort of their own home, resulting in a 6.4% decrease in our no-show rate for behavioral health services. Accordingly, our staff can also provide services safely using telehealth.

This is a time when many patients are afraid to leave their homes if they are not feeling well. Because we have continued to offer services in a variety of modalities, including over telehealth, we have been able to help people stay well when they are uncomfortable going out.

My patients have repeatedly expressed how grateful they are to be able to continue seeing me for psychotherapy without coming into the office.

Prior to the pandemic, many patients had difficulty coming into the office because it was difficult to pay for the cost of transportation to the office, or the transportation provided by an insurance company was unreliable. People with physical disabilities are now able to consistently be seen for psychotherapy because those barriers are gone.

The clinicians and I who work in our clinic frequently connect with patients through video calls. However, many of our patients cannot afford to buy a smart phone, pay for data, or don't have reliable and consistent access to Wi-Fi. Other patients are elderly or intellectually disabled and using a smartphone or computer to make calls can be incredibly challenging. For these patients, it is essential that we be able to offer our services over the phone.

I have done psychotherapy with one gentleman for a number of years who is intellectually disabled. When the pandemic began, he was told that it was no longer safe to work at his job, and that he could not see his friends. His depression soon escalated, and in being cut off from his work and friends, he was contemplating whether life was worth living. Due to having a very limited income, he did not have a computer or phone with a video, which resulted in us doing therapy by the phone every week. This patient thanks me on a regular basis because he felt that he may not have made it through if we did not continue to connect over the phone. Limiting access to video-only telehealth services limits access to crucial health care services that our patients, many of them vulnerable, rely on to keep themselves physically and mentally healthy.

Harbor Care Health & Wellness Center can meet the needs of their patients during the pandemic and moving forward by retaining the ability to provide services via telehealth and by receiving reimbursement for the services provided. For many reasons, our patients often experience connectivity issues, leaving audio-only our only reliable source of providing medical care. While it certainly is not ideal, our relationship and the care I provide our patients does not change, nor do we bill for services I do not provide. Retaining reimbursement for the services we provide is key to our success and the health of our patients.

Please feel free to contact me if you have any questions or would like additional information on the importance of telehealth services to our health center, our staff, and our patients.

Sincerely,

Elisabeth Maguire, LICSW
Harbor Care Health & Wellness Center
603-821-7788
e.maguire@harborcarenh.org

Dartmouth-Hitchcock

Dartmouth-Hitchcock Nashua
2300 Southwood Drive
Nashua, NH 03063
(603) 577-4000
Dartmouth-Hitchcock.org

February 2, 2021

Chairman Pearson
House Health, Human Services and Elderly Affairs Committee

Re: HB 602 – relative to reimbursement for telemedicine

Mr. Chairman and Members of the Committee,

I am a Physician Assistant in Family Medicine at Dartmouth-Hitchcock Nashua. I oppose HB 602 for a number of reasons, the primary reason is this bill will negatively affect patient care.

As telehealth was increasingly used over the past year, primary care providers are realizing that telehealth will improve our healthcare system, regardless of social distancing needs related to COVID-19. Telehealth removes barriers to care making it more likely that a patient will either make an appointment, actually show up for the appointment, and then attend a needed follow up. Telehealth can immediately lower costs for patients and can help decrease future costs to the entire system.

HB 602 will negatively affect patient care by both eliminating the audio-only option and discouraging telehealth service delivery. Several demographics of patients have benefited from video and audio platforms of telehealth, including elderly patients at nursing homes and assisted living facilities and those who otherwise cannot easily come in to the office. Telehealth removes barriers to care for patients in rural areas and those who do not have reliable transportation as they have been able to receive care much more efficiently and are more likely to stay engaged in their future care with telehealth options. Patients without reliable internet access have often used telephone visits if their video did not work or was not an option.

In addition, we often see patients in primary care for mental health needs. Telehealth has increased compliance for mental health follow-ups and increased access to care. By increasing access to mental health care and increasing compliance with a follow up appointment we are potentially decreasing hospital stays and avoiding increased costs down the road associated with more intensive care. From an economical and overall quality of patient care standpoint, it makes no sense to discourage future use of telehealth. We should rather encourage and incentivize the appropriate use of telehealth.

Thank you for your consideration,

Benjamin Gersten, PA
Dartmouth-Hitchcock – Nashua

Opposition to H.R. 602

I am writing to oppose HR 602. As a Clinical Social Worker in Carroll County, NH I have seen the incredible need for telehealth therapy throughout my career but no-time more so than during the COVID-19 Global Pandemic.

This is absolutely the worst time to consider decreasing insurance reimbursement or phone-only coverage for telehealth visits. Telehealth provides a way to our citizens to receive care without risking infecting themselves and others in their community with COVID.

Telehealth has specifically benefited my clients who are among the most vulnerable in our state in the following ways.

1. For years as both an independent practitioner and now as an employee at Children Unlimited, Inc. I have provided mental health services for pregnant women, new moms, and couples who have experienced the tragedies of infant deaths. At these times it can be incredibly difficult for these clients to come into the office because of the unique challenges of pregnancy, and post-partum medical and mental health care.
2. I am contracted with Memorial Hospital to provide group therapy to the opiod addiction recovery program New Life. I provide weekly group therapy sessions for pregnant women and new moms in recovery. This would not be possible during COVID with out telehealth and as we all know a huge silent killer during the pandemic has been drug abuse, over-dose and suicide. This population also tends to be incredibly socially isolated due to economic factors and a lack of community supports, especially during COVID.
3. There is not a public internet service. If you vote to eliminate phone-only telehealth you are punishing those most at risk of not getting medical and mental health care. This is an equity issue. You can not provide care at one rate for the haves (video telehealth) and a different policy for the have-nots (phone telehealth).
4. As a member of the Northern half of New Hampshire we have the great joy of living in the mountains. This comes with some of the most wonderful and most extreme weather. Sometimes video is just not an option. With-in the last year I lost power at my house for more than 12 hours and my only option was to work with my clients (some of whom were suicidal at the time) through phone-only telehealth.

As New Englanders we find ways to continue to serve those in our community in need. This bill limits our ability to do so.

Thank you for your time. Please vote against HR 602.

Sincerely,

Jette Glazer, LICSW
PO Box 60
Jackson, NH
03846

New Hampshire
MEDICAL SOCIETY ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

Hon. Mark Pearson, Chair
House Health, Human Services, and Elderly Affairs Committee

February 2, 2021

Re: House Bill 602

Dear Members of the New Hampshire House Health, Human Services and Elderly Affairs Committee.

I am a 3rd year family medicine resident and future primary care physician in NH. I'd like to share that after conducting well over 300 telehealth visits (mostly telephonic) I am pleasantly surprised with how well telephonic telehealth visits support my patients' health. Much of delivering quality primary care depends on managing chronic diseases, connecting with patients and communicating effectively. I have found that telephonic telehealth visits have allowed me to consistently achieve those tasks, while bypassing barriers such as language translation, transportation, limited time for patients to come into the doctor's office, and more. Many elderly patients do not have the technical capacity or comfort for audio-visual visits. The same is true for many who cannot afford devices or internet access or those who live in rural areas with limited data available. I feel it's my duty to share this and advocate strongly on behalf of physicians and NH residents alike that we oppose any bill that would repeal reimbursement for telephonic telehealth visits. I have learned that these visits are too important to my patients' health to lose them.

Thanks for your time.

Mitch Granoff, DO

7 North State Street | Concord, NH 03301 | 603 224 1909 | www.nhms.org

Testimony in opposition of: House Bill 602: An Act Relative to Reimbursements for Telemedicine

Submitted by: Jessica Wright

134 Cannongate III Road

Nashua, NH 03063

02/02/21

Dear Chairman Pearson and members of the Health, Human Services and Elderly Affairs Committee,

My name is Jessica Wright and I live in Nashua, NH. I am a Physician Assistant and the mother of two children; one of whom has very complex medical needs. As such, I have had the unique opportunity to gain experience as both a provider of and consumer of telemedicine services.

I oppose House Bill 602 firstly because the language within it allows for decreased reimbursement rates for telemedicine services as opposed to services provided on site. I have personally found that, on most occasions, the services provided at telemedicine visits are equivalent to those provided in the office and should be billed as such. These visits are of tremendous value to providers and patients given the current COVID-19 pandemic. As I'm sure everyone is well aware, both the Centers for Disease Control and Prevention and the State of New Hampshire Department of Health and Human Services recommend social distancing whenever possible. To be blunt, supporting HB602 appears to directly oppose the "Safer At Home" initiative promoted by our own governor.

Secondly, though not ideal, services that consist of a phone call without video are sometimes the only option available. This can occur in instances where technology fails, patients decline videoconferencing (for example, related to anxiety of being on screen) or when the patient's need is completely met by discussion alone. No matter the reason, any service via telephone that is indeed equivalent to that which would be provided via another method should receive appropriate reimbursement.

Please allow healthcare professionals to provide care and patients to seek it in the safest way possible without jeopardizing the financial stability of the healthcare industry in New Hampshire even further than this trying year has already.

Thank you for your consideration.

Sincerely,

Jessica Wright PAC

Jessica Wright, PA-C

Cheshire Medical Center

580-590 Court Street, Keene, New Hampshire 03431-1729 (603) 354-5400

Don Caruso, MD

President/CEO

February 2, 2021

Chairman Pearson
House Health, Human Services and Elderly Affairs Committee

Re: HB 602 – relative to reimbursement for telemedicine

Mr. Chairman and Members of the Committee,

I am writing in opposition to HB 602 and provide the following reasons. My name is Kathryn Willbarger and I am the Chief Operating Officer at Cheshire Medical Center. Cheshire Medical Center is a 169 bed, non-profit hospital serving the Monadnock Region. For more than 125 years Cheshire Medical Center has been a key contributor to the health and wellbeing of our community. We are the largest health care provider in the region.

Prior to COVID-19, Cheshire Medical Center was using minimal telehealth. Once COVID-19 hit, we needed to immediately pivot much of our care from in person visits to telehealth services. The Governor's Emergency Order #8, allowing all providers to use telehealth as a service delivery mode, including audio-only, and seek parallel reimbursement as if the service was delivered in person, allowed Cheshire Medical Center to continue to meet the needs of our community while keeping both staff and patients safe. Last year, the NH Legislature passed and the Governor signed HB 1623, codifying that Emergency Order. We are grateful for this new law for the following reasons.

Staff safety - Telehealth service delivery has ensured that we will be able to treat our patients while keeping our staff safe. Our front line workers are at risk every day caring for COVID-19 patients. Telehealth allows us to minimize the number of patients coming into the facility which protects both the patients and the staff. Telehealth reduces the risk to our staff by limiting exposure. This helps with staff retention as well as resilience which are both significant issues during COVD-19.

Audio-only is a necessity in our rural region. Audio-only telehealth services is critical to patients' access to care in our rural region. Many of our patients do not have access to broadband services and rely on their landline to communicate. Vulnerable and elderly populations are more likely not to have access to broadband yet are at risk. An audio-only visit is an effective means to provide these populations with the care they need. In addition, at risk populations often do not have access to transportation. Audio-only telehealth can help rural providers deliver health care by connecting providers and their at risk patients who lack broadband and transportation to services from the patients home, promoting patient-centered health care.

HB 602 threatens access to healthcare services to patients in NH who are most vulnerable. Telehealth, including audio-only, is an effective means for removing barriers to access to healthcare during and post the pandemic. It is a critical opportunity to improve health equity.

Please do not hesitate to contact me if I can be of further assistance.

Thank you for your consideration.

Kathryn Willbarger

Kathryn Willbarger
Chief Operating Officer
Cheshire Medical Center

Cc: Senator Jay Kahn
Representative John Bordenet
Representative Dru Fox
Representative Donovan W. Fenton
Representative Sparky Von Plinsky
Representative Joe Schapiro
Representative Amanda Elizabeth Toll
Representative Lawrence Welkowitz

Testimony on HB 602, An Act relative to reimbursements for telemedicine
NH House HHS Committee
February 2, 2021

By Leonard Korn MD, for the New Hampshire Medical Society and the New Hampshire Psychiatric Society

My name is Dr. Leonard Korn. I am a psychiatrist from Portsmouth New Hampshire where I have practiced since 1974. I also represent the New Hampshire Medical Society as a past president and current member of the Executive Council and the New Hampshire Psychiatric Society also as past president and current member of the Executive Council. We emphatically oppose HB 602.

I cannot emphasize enough how wrong this bill is during this time of Covid pandemic. Let me explain why in as succinct a way as possible.

Since mid-March 2020 medical care has been transformed by this epidemic. I and other physicians, nurse practitioners, social workers, therapists and other health care workers had in person treatment curtailed or eliminated in outpatient health care throughout our country but in particular throughout New Hampshire. As a result practitioners all had to retool our treatment practice to telemedicine. It was quite an abrupt but safe and necessary change. Fortunately HB 1623 was quickly passed in our legislature and signed by Governor Sununu last spring to allow full reimbursement for telemedicine, both video and audio

(telephone). Quite frankly, the transition to telemedicine (video **and** audio) was surprisingly adaptable in particular for psychiatric and mental health care, but also challenging but successfully adapted for other specialties in medicine as well.

In my private practice of psychiatry, and for colleagues in private psychiatric practice and in mental health centers, we "see" patients sometimes through a video platform but sometimes through telephonic connection only. In my practice this is because about half my patients prefer to connect only on the phone, but also because many of my patients do not have ready access to a smart phone or a laptop with a video camera. This is especially the case with many of my elderly patients. Also, sometimes the video connection doesn't work adequately due perhaps to high volume of Zoom and other video connections, or to patients living in areas with poor Internet connections.

Medical and psychiatric care has been very challenging in this time of the pandemic. Fortunately, medical practitioners have been able to adapt with telemedicine of both video and telephonic connectivity. This bill, HB 602, would interfere dramatically with the ability of medical practitioners to provide adequate care to New Hampshire citizens during this time of the pandemic. Strikingly it would be disastrous for mental health care. As is well known, mental health has been severely adversely impacted due to this pandemic, causing isolation, separation, depression and increases in suicide.

Telemedicine needs to continue to include both video and audio (telephonic) connection. Both means of connectivity work

and in my experience are necessary tools for reaching out and providing services to our patients. In that context, HB 602 makes no sense from a medical perspective. I wish the representatives who introduced this bill had consulted with medical practitioners, because I can't imagine that if they had this bill would have passed the first round of review. Please vote to reject HB 602.

Thank you for your attention to the matter.

Dartmouth-Hitchcock

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756-0001
Phone (603) 650-0000
Fax (603) 650-0000
Dartmouth-Hitchcock.org

Chairman Mark Pearson
House Health & Human Services

February 2, 2021

Re: HB 602 – relative to reimbursement for telemedicine

Mr. Chairman and Members of the Committee,

I am writing in opposition to HB 602 and provide the following in opposition.

While telemedicine is no longer a new mode of healthcare delivery, its adoption is spreading rapidly thanks to technological advances, established outcomes benefits, and improvements in the regulatory environment.

Dartmouth-Hitchcock has been providing formalized telemedicine services in our region since 2012, ensuring patients receive the specialty care they need, close to home. Our 24/7 acute care services - TeleEmergency, TeleNeurology, TeleICU, TelePsychiatry, and TeleICN – have been involved with supporting or delivering care to more than 20,000 patients across our region, to date, helping those patients remain in their local hospitals. D-H TelePharmacy has processed more than 2.3 million medication orders; and D-H Connected Care has conducted more than 250,000 outpatient virtual visits.

Patients are highly satisfied with the telehealth care they receive, for its convenience and quality. Through our patient surveys, patients have rated their telehealth appointments on par with in-person appointments. One patient noted, "Telehealth appointments are fantastic, especially when you don't need a physical examination. I live an hour away and it saves me a lot of time and with the pandemic, I feel safer. I hope they will continue in the future. Saves everyone a lot of time." Another commented, "Overall, the virtual visit was just as positive and productive as an in person appointment."

Prior to regulatory flexibilities due to COVID-19 and the following passage of HB 1623, our ability to offer outpatient telemedicine services broadly was hindered by reimbursement restrictions. Indeed, it was very difficult to operationalize a program when insurance covers the services for only a minority of patients or does not cover the service at an equivalent level to similar in-person care. COVID-19 resulted in an extensive expansion of telehealth service delivery, particularly in the area of outpatient visits. Dartmouth-Hitchcock went from performing an average of eight outpatient visits per day in the pre-pandemic period to a peak of 2,600 per day in mid-April (audio and video visits included). Although these volumes declined in the face of full reopening of in-person services, for the last several months, we have been consistently performing 600-1000 per day. Overall, Dartmouth-Hitchcock has performed more than 240,000 outpatient telehealth visits from mid-March through December 31, 2020, 55% video and 45% audio only.

However, a persisting hurdle is that, although more services are covered by telemedicine, many are not covered at the same level of reimbursement, making large scale telehealth services financially unsustainable for physician practices.

While telemedicine generally has been shown to be an effective strategy for reducing health care costs, the majority of savings occurs elsewhere in the healthcare continuum, not through cost-cutting aimed at the practice of medicine by the physician or provider.

The case for payment parity:

- The work by the physician or provider is the same whether seeing the patient in person or over video; actually, often the provision of telemedicine services requires more work for the provider related to the use of technology, software, EMR coordination, patient education and help with connecting, etc.
- It is not possible for telemedicine providers to sustain operations without payment parity. Psychiatry/behavioral medicine is an area of extreme need, and it is already very difficult to find providers who are able/willing to expand their service delivery options at a financial loss. (Dartmouth-Hitchcock is currently able to provide >80% of its outpatient psychiatry appointments via telehealth.
- Cost savings accrue to ***patients*** most directly in the form of reduced travel costs and costs of lost work/school, but also in the form of co-payments for care in less expensive settings (e.g., video appointment vs. ED visit) and in the form of improved outcomes through earlier interventions and timely access to specialty care.
- Financial benefits accrue to ***hospitals and health systems*** in the form of retained patient revenues when patients are able to receive care locally, reduced staffing costs, and application of clinical best practices, as well as the indirect financial impact of staff satisfaction and retention (less burn-out and turnover).
- Cost savings to ***payers*** come from increased access to primary, preventive, and specialty care in lower cost settings; earlier interventions; and reduced travel costs, when patients are able to remain local.

The case to maintain audio-only telehealth…

- Lack of adequate broadband/internet access and/or an adequate device or service plan is common theme for many patients:

  "[A video visit] obviously requires good internet connection, which we were lacking on one end. Pivoted to phone and that was fine."

  "My internet is awful. Once we transferred to the phone, it was much better."

  "The video connection didn't work due to an error at my end, but our phone visit went well."

- A telephone office visit is not merely an alternative to an in-person visit or even a video visit, but often the only alternative to no care at all. This is especially true for vulnerable patient populations who may be unable to travel and who do not have access to video services due to lack of quality internet or suitable hardware

- Patients are often more able and willing to seek mental health and substance use disorder treatment over the phone than in person or by video connection.

We have seen the vital role of audio-only (phone) services plays as an option for delivering care. Very early on in the pandemic, much of our outpatient telehealth visits were delivered by audio as both patients and providers were less comfortable and facile with video platforms and technology. Over time, that has become less of a hurdle, and in our current state, we are consistently delivering 20-30% of telehealth by audio-only. We believe that we may be nearing the ceiling in terms of percent video in that the limiting factors to care are now often lack of broadband access and/or lack of a smart device or subscription plan on the patient side and/or unique challenges with technology with some of our older population. In our largely rural region that includes socioeconomic challenges, long distances to specialty care, and obstacles in the face of transportation to care and ability to miss work, a high proportion of the population in the higher age demographic, we worry that the resulting disparity in care that will result from eliminating the audio-only option for those people that will then need to choose no care at all rather than in-person care.

HB 602 threatens access to essential healthcare services for patients in NH. HB 602 would significantly inhibit physicians and providers from leveraging telemedicine services to deliver needed care efficiently and effectively to patients in New Hampshire, particularly vulnerable populations who can be at great distances from the providers they need, and without telemedicine, may have no access to such care.

Thank you for your time and consideration. Please do not hesitate to call on the Dartmouth-Hitchcock Connected Care Center for Telehealth if we can be of any further assistance.

Thank you for your consideration,

Kevin Curtis, MD, MS
Medical Director, Connected Care Center
Dartmouth-Hitchcock

GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

February 1, 2021

Representative Mark Pearson, Chairman
House Health, Human Services, and Elderly Affairs Committee
33 N. State Street, LOB Room 205
Concord, NH 03301
Submitted via email to: HHSEA@leg.state.nh.us

RE: HB 602 relative to reimbursement for telemedicine

Dear Chairman Pearson and Members of the House Health, Human Services, and Elderly Affairs Committee:

My name is Janet Laatsch, and I am the CEO of Greater Seacoast Community Health, which serves nearly 16,000 patients throughout the Seacoast. Our organization provides innovative, compassionate, integrated health services and support that are accessible to all in our communities, regardless of ability to pay. We provide oral health services, primary care, substance use treatment, and behavioral health services.

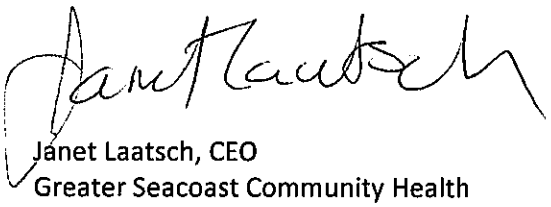
Telehealth reimbursement is instrumental in keeping our patients and staff safe during the pandemic, which I would like to remind everyone, is persisting. We became very creative to ensure that our patients needing substance misuse recovery services had access. At Greater Seacoast Community Health, we developed mobile locations utilizing our mobile bus staffed with a certified recovery coach, a nurse and behavioral health provider and medical provider via telehealth. This was a successful approach to ensure patients could continue to access their medication prescriptions for suboxone and also have the support services to support their sobriety. Although recovery support services were not covered under telehealth, we creatively went online from 7am-10pm and offered support groups. We became a part of a network of recovery centers where thousands of people sought support online. Additionally, telehealth dramatically reduced our behavioral health no show visits from 40% to 25%. This was due to several reasons: transportation issues were eliminated, safety issues due to COVID-19 were eliminated, and the majority of our patients felt more comfortable speaking about their most private issues at home rather than coming into a large facility.

At Greater Seacoast Community Health, we adapted quickly to behavior, medical, and ultimately oral health telehealth. It is a method that allows us to still care for our patients, and keeps our staff and patients safe, especially during the pandemic. Many of our patients do not have access to a computer, and as a result, some of the telehealth visits take place via 'Facetime' on the phone. The ability to use telehealth as a modality is instrumental in communicating with our patients. The provider/patient

connection has increased due to the telehealth connection, and therefore, has improved patient engagement and hopefully compliance with their medical and behavioral health plan.

Please feel free to contact me if you have any questions or would like additional information on the importance of telehealth services to our health center, our staff, and our patients.

With gratitude,



Janet Laatsch, CEO
Greater Seacoast Community Health
603-516-2550
JLaatsch@goodwinch.org

HB - AS INTRODUCED

2021 SESSION

21-0568
08/10

HOUSE BILL ***602-FN***

AN ACT relative to reimbursements for telemedicine.

SPONSORS: Rep. Edwards, Rock. 4; Rep. J. Osborne, Rock. 4; Rep. Hunt, Ches. 11

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill makes changes to the reimbursement limits for telemedicine. This bill also further defines telemedicine.

- -

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

21-0568
08/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to reimbursements for telemedicine.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Medicaid Program Reimbursement. Amend RSA 167:4-d, III(b) and (c) to read as follows:

(b) The Medicaid program shall provide coverage and reimbursement for health care services provided through tele medicine [~~on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person~~].

(c) The combined amount of reimbursement that the Medicaid program allows for the compensation to the distant site and the originating site shall [~~not be less~~] ***be no greater than*** that the total amount allowed for health care services provided in person.

2 Medicaid Program Reimbursement. Amend RSA 167:4-d, III(e) to read as follows:

(e) The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, [~~audio-only,~~] or other electronic media provided by medical providers to treat all members for all medically necessary services.

3 Telemedicine; Definition. Amend RSA 415-J:2, III to read as follows:

III. "Telemedicine," as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of ***audio-only telephone or*** facsimile.

4 Telemedicine; Insurance Coverage. Amend RSA 415-J:3, III to read as follows:

III. An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine [~~on the same basis as the insurer provides coverage and reimbursement for health care services provided in person~~].

5 Compensation; Limit. Amend RSA 415-J:3, V to read as follows:

V. The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall be [~~the same as~~] ***no greater than*** the total amount allowed for health care services provided in person.

6 Reimbursement; Telehealth. Amend RSA 415-J:3, XI to read as follows:

XI. An insurer shall provide reimbursement for all modes of telehealth, including video and audio, [~~audio-only,~~] or other electronic media provided by medical providers to treat all members for all medically necessary services.

7 Medical Providers; Telehealth. Amend the introductory paragraph of RSA 415-J:3, XII to read as follows:

XII. The following medical providers shall be allowed to perform health care services through the use [~~of all modes~~] of telehealth, including video and audio, [~~audio-only,~~] or other electronic media. Medical providers include, but are not limited to:

8 Telemedicine; Definition. Amend RSA 329:1-d, I to read as follows:

I. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. "***Telemedicine" shall not include the use of audio-only telephone or facsimile.***

9 Telemedicine; Definition. Amend RSA 326-B:2, XII(a) to read as follows:

(a) "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

10 Hearing Care Providers; Telemedicine Definition. Amend RSA 137-F:11-a to read as follows:

137-F:11-a Services Provided by Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

11 Podiatry; Telemedicine Defined. Amend RSA 315:6-a to read as follows:

315:6-a Services Provided by Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

12 Chiropractic Examiners; Telemedicine Definition. Amend RSA 316-A:15-a to read as follows:

316-A:15-a Services Provided by Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

13 Midwivery; Telemedicine Definition. Amend RSA 326-D:12-a to read as follows:

326-D:12-a Telemedicine. A midwife certified under this chapter shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

14 Optometry; Telemedicine Definition. Amend RSA 327:1, VI-a to read as follows:

VI-a. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

15 Naturopathic Medicine; Telemedicine Definition. Amend RSA 328-E:4, VI to read as follows:

VI. Doctors of naturopathic medicine shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the

purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

16 Allied Health Professionals; Telemedicine Definition. Amend RSA 328-F:11-b to read as follows:

328-F:11-b Telemedicine. Persons licensed by governing boards under this chapter shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

17 Acupuncture; Telemedicine Definition. Amend RSA 328-G:10, V to read as follows:

V. Persons licensed by the board to practice acupuncture shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

18 Psychologists; Telemedicine Definition. Amend RSA 329-B:16, I to read as follows:

I. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

19 Mental Health Practice: Telemedicine Definition. Amend RSA 330-A:15-b to read as follows:

330-A:15-b Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

20 Alcohol and Other Drug Use Professionals; Telemedicine Definition. Amend RSA 330-C:14-a to read as follows:

330-C:14-a Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

21 Opthalmic Dispensers; Telemedicine Definition. Amend RSA 327-A:12-a to read as follows:

327-A:12-a Telemedicine. Registered ophthalmic dispensers shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

22 Licensed Pharmacists; Telemedicine Definition. Amend RSA 318:16-e to read as follows:

318:16-e Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic

media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

23 Board of Registration of Medical Technicians; Telemedicine Definition. Amend RSA 328-I:16 to read as follows:

328-I:16 Telemedicine. Medical technicians registered by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

24 Medical Imaging and Radiation Therapy; Telemedicine Definition. Amend RSA 32-J:12-a to read as follows:

328-J:12-a Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

25 Dentists and Dentistry; Telemedicine Definition. Amend RSA 317-A:7-b to read as follows:

317-A:7-b Telemedicine. Persons licensed by the board shall be permitted to provide services through the use of telemedicine. "Telemedicine" means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. ***"Telemedicine" shall not include the use of audio-only telephone or facsimile.***

26 Effective Date. This act shall take effect 60 days after its passage.