



HB 887 (Shaheen) – Telehealth and Telemedicine Services

HB 887 is referred to by many as the telehealth parity bill. It requires that telemedicine and telehealth visits be reimbursed at the same rate as in-person visits and that no additional documentation beyond what is submitted for in-person visits be required. The Hogg Foundation for Mental Health has long supported the need to promote equity in service delivery and payment.

It is illogical to think that providing telehealth services as one service delivery option (not typically the only option) would significantly reduce providers' costs. On the contrary, providing this additional mode of service delivery often increases costs due to the need for higher quality equipment and reliable bandwidth/broadband services not normally needed when only providing in-person services.

Additionally, the vast majority of providers will continue to provide in-person services and consequently will continue to incur the ongoing costs of supporting a clinic or community office. As recognized by the Texas Coalition of Health Minds:

During the pandemic, CMS changed Medicare rules to allow for expanded telehealth services. Recognizing the importance of telehealth/telemedicine services to accessing treatment, CMS required reimbursement at the same rate as in-person visits.¹ Telemedicine and telehealth should be considered one option available to provide mental health and substance use services – not the only option. Mode of delivery should be person-centered, decided in consultation with the provider and the individual.

A 50-state survey of insurance laws conducted by Foley and Lardner LLP provides indication that the lack of telemedicine/telehealth payment parity could limit a provider's willingness to offer telehealth services, inhibiting access to services. The study stated that, "If the health plan's payment rate is too low, it can create a disincentive for providers to offer telehealth services, undermining the very policy purposes the coverage law was intended to achieve. When this happens, in-network providers have no recourse other than to: 1) offer telehealth services at a loss, or 2) simply no longer offer telehealth as an option."²

If telehealth services are not offered with reimbursement parity, many providers will likely not be as willing to offer these services in the future. This undermines many of the advances made during the pandemic and could have a strong impact on rural areas of Texas by increasing health inequities and disparities.

The foundation would like to bring one needed correction to your attention. The current language limits the delivery of these services to those with a higher education degree, a registered nurse, or an individual who *completes an alternative credentialing process identified by the Department of State Health Services.*³ This section should also include certification endorsed by the Health and Human Services Commission (HHSC). Currently, certified mental health peer specialists and certified substance use recovery coaches are certified through entities authorized by HHSC. The current language may deem them ineligible for the provisions of this legislation. In light of the current critical mental health workforce shortage, this omission could severely limit future opportunities for these important services to be available to those who need them.

Take a clinician attending to a patient with a chronic illness, for example. They meet regularly, so it would be easier for the patient to adhere to a care plan by attending some visits via telehealth instead of only in-person. If that clinician is not guaranteed payment because the patient's insurer doesn't cover telehealth - or even if the private payer pays substantially less solely because the visit is virtual - then that clinician is less likely to offer telehealth to their patients.

(Sarah Iacomini, Will Telehealth Payment Parity be Permanent or a Passing Fancy? E-Health Intelligence, February 22, 2021)

Submitted by Colleen Horton, MPAff | Director of Policy | colleen.horton@austin.utexas.edu

¹ Centers for Medicaid and Medicare Services. (March 17, 2020). Medicare telemedicine health care provider fact sheet. Retrieved from <https://www.cms.gov/newsroom/fact-sheet/medicare-telemedicine-health-care-provider-fact-sheet>.

² Lacktman, N., et al. (February 2021). 50-State Survey of Telehealth Commercial Insurance Laws. Retrieved from <https://www.foley.com/-/media/files/insights/publications/2021/02/21mc30431-50state-telemed-reportmaster-02082021.pdf>

³ Shaheen, (2021). House Bill 887 as filed. Retrieved from Texas Legislature Online, www.capitol.texas.gov.