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**Testimony of Teresa Lampl, LISW-S, CEO  
The Ohio Council of Behavioral Health & Family Services Providers  
Proponent Testimony on HB 122  
September 29, 2021**

Chair Huffman, Vice Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to offer proponent testimony on House Bill 122. I am Teresa Lampl, CEO of The Ohio Council of Behavioral Health & Family Services Providers. The Ohio Council is a trade and advocacy organization that represents more than 160 private providers of prevention, addiction treatment, mental health, and family services throughout our state.

Ohio has experienced significant social and economic disruption due to the COVID-19 public health emergency, resulting in greater and growing statewide demand for mental health and addiction treatment services. Thanks to nimble and efficient rule-making efforts from our state and federal regulatory partners at the start of the pandemic, however, our members were given the flexibility they needed to do their life-changing (and often life-saving) work from a distance. Now, telehealth has become an essential tool for meeting rising demand for services across the board and boosting care access for individuals from all communities in Ohio.

The Ohio Council recently conducted a survey of our membership to gather data on the current use and efficacy of telehealth services for behavioral health treatment. A report of our results is attached to my written testimony. Our data show that patients and clinicians alike have come to rely on expanded telehealth to receive and provide critical services. Pandemic-related telehealth rules have made it easier to get help and stay in treatment, which improves health outcomes, reduces gaps in care, and closes health disparities between communities. Our members' experience with telehealth has demonstrated its potential to improve behavioral health service provision during and after the current public health emergency. We believe these benefits can and should be sustained.

HB 122 would codify many of these new telehealth flexibilities, including recognizing the full array of the behavioral health workforce for Medicaid reimbursement, authorizing audio-only services, and addressing the restrictive requirement for an in-person visit before starting telehealth services. This bill would promote greater patient choice and expanded access to services with sound and consistent regulatory oversight.

HB 122 moves Ohio in the right direction, and The Ohio Council looks forward to working with lawmakers, the DeWine administration, licensing and regulatory boards, and other stakeholders to implement such enhancements in the delivery of critical healthcare services to Ohioans in need of care. The Ohio Council thanks the sponsors of HB 122, Representatives Mark Frazier and Adam Holmes, for their leadership in developing and advancing this bill. I also want to express my gratitude for the Ohio Departments of Medicaid and Mental Health and Addiction Services for their efforts in support of greater telehealth services.

Thank you for the opportunity to offer remarks today, and I am happy to answer any questions you have.



# Sustaining Telehealth Benefits in Mental Health & SUD Services

## Abstract

During the COVID-19 pandemic, telehealth has become a crucial tool for safely and effectively serving Ohioans in need of behavioral health and substance use disorder treatment. The myriad benefits of telehealth enabled by pandemic-related enforcement waivers can and should be maintained beyond the current public health emergency with common-sense updates to Ohio's regulatory and statutory frameworks.




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## Introduction

The Ohio Council of Behavioral Health & Family Services Providers (The Ohio Council) is a trade association representing approximately 160 community-based providers of mental health and substance use disorder services. Members of The Ohio Council vary in size, level of care, population served, services offered, and geographic location. Collectively, they serve the majority of Ohioans in need of behavioral health treatment who access care through Medicaid and Medicare. The utilization of telehealth services among our members increased significantly with the emergence of the COVID-19 public health crisis in 2020. Telehealth has become an essential form of service delivery for the clients our members serve, and it remains necessary to ensure uninterrupted access to mental health and substance use treatment services.

Prior to the pandemic, telehealth was not widely utilized by behavioral health providers. Audio-visual equipment and HIPAA-compliant video conferencing programs were investments that many providers found difficult to justify prior to the need for social distancing. In addition, pre-COVID regulations held to a narrow definition of “telehealth” that dissuaded many companies from offering remote services. Both these factors changed dramatically in March 2020. Telehealth transformed clinical service delivery for behavioral health providers. It sustained access to services through synchronous and asynchronous modalities, improved appointment completion, and overcame longstanding barriers to treatment such as employment obligations, transportation, and childcare. More patients made their appointments, and the system was able to accommodate a growing need for public mental health support as a result.

The Ohio Council is grateful for the quick actions taken over the course of the COVID-19 public health emergency (PHE) at the federal and state levels to ensure continuity of care for people in need of behavioral health treatment during this turbulent time. ***Our members were able to quickly implement telehealth services at the onset of the pandemic largely because of the flexibilities allowed under the ongoing federal PHE, federal regulatory waivers, Ohio’s State of Emergency, and state regulatory changes spearheaded by the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS).*** Many Ohioans have come to rely on the access that telehealth has afforded them to receive assessments, manage medications, attend individual and group counseling, and access other services. In addition, patients can now choose from a wider array of clinicians—not just those within walking or driving distance. Behavioral health care staff, meanwhile, report lower no-show rates and more efficient workflow thanks to remote options.

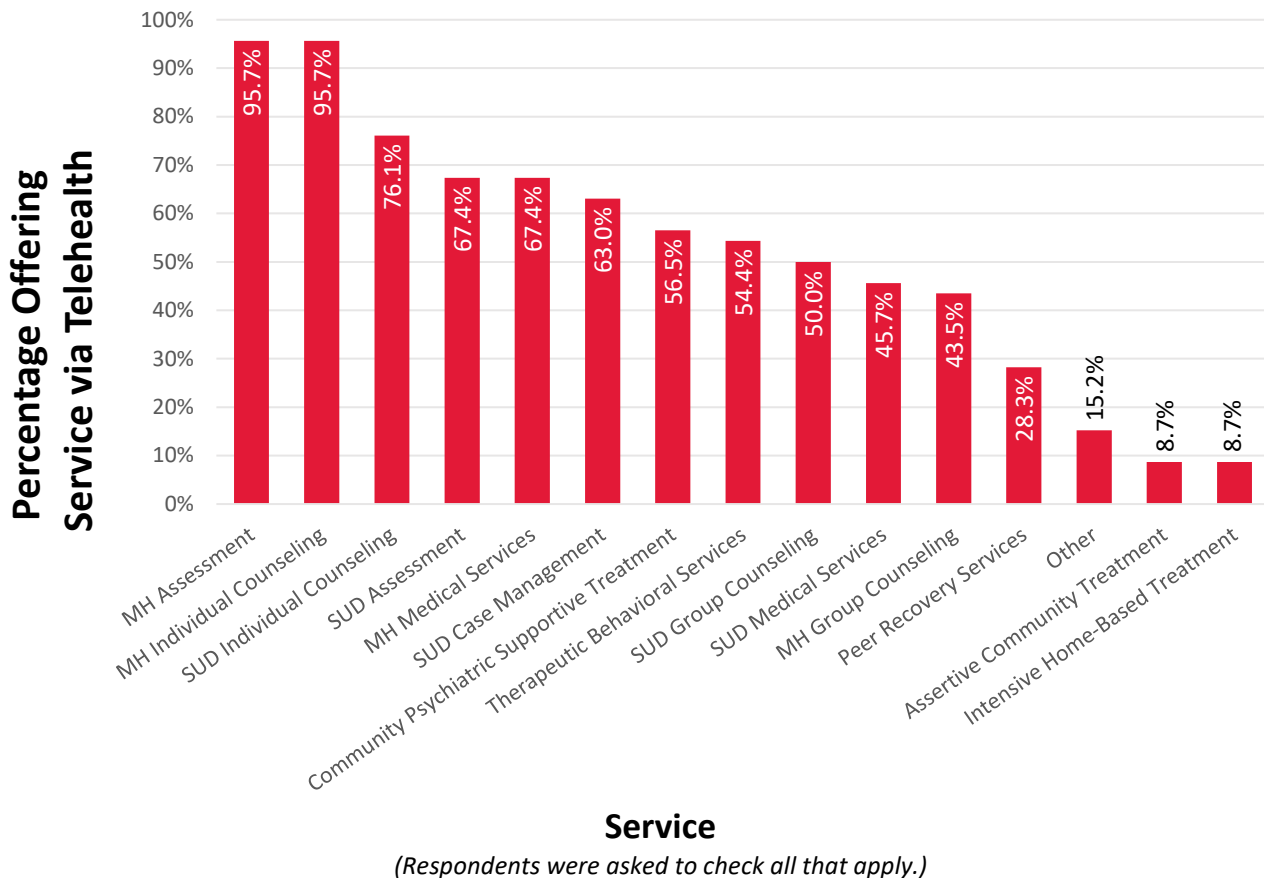
While the state has ended its declared public health emergency, the pandemic persists and the federal PHE remains. Telehealth continues to provide safe and viable options to access behavioral health services for new and existing patients. Moving forward, Ohio’s policy and regulatory framework should be adapted to keep pace with a changing federal regulatory environment, promote patient choice, sustain patient access, and maintain flexibilities for the behavioral health workforce. ***Early in the pandemic, ODM and OhioMHAS enacted regulatory changes that continue to permit the wide use of telehealth technology for care delivery.*** Recently, the Medical Board and Counselors, Social Workers, and Marriage and Family Therapist (CSWMFT) Board adopted transition periods for the enforcement of their respective telehealth rules. We acknowledge this is an important temporary fix. However, we strongly urge permanent actions be taken by both boards and the Ohio General Assembly to promote patient choice and provide safe and consistent access to services during the unfolding pandemic and into the future.

## September 2021 Survey Data

The Ohio Council conducted a survey of our membership in September 2021 to gather data on the current use and efficacy of telehealth services for behavioral health treatment. All 46 respondents reported continuing to use telehealth for psychotherapy and medical services. All respondents reported using audio-video modalities and over 80% reported using audio-only. We asked our members to indicate the most frequently used modality of telehealth at their organization, and 69% indicated audio-video as the most frequent modality of service provision while 31% reported audio-only services as the most frequent modality of telehealth.

Organizations report using telehealth for a variety of essential services since the start of the pandemic, the most common of which have been mental health and substance use assessments, individual psychotherapy, and medical services. However, it is apparent from our members that the option to use telehealth for a variety of services has been well-received by clients. It remains a valuable tool for ensuring continued access to a full range of services.

**Percentage of Respondents Using Telehealth for Mental Health (MH) and Substance Use Disorder (SUD) Treatment Services**



## The Efficacy of Telehealth

According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), “telehealth is effective across the continuum of care for severe mental illness (SMI) and substance use disorder (SUD), including screening and assessment, treatments, including pharmacotherapy, medication management, behavioral therapies, case management, recovery supports, and crisis services.”<sup>1</sup> Research suggests that telehealth can be as effective as face-to-face care for many patients and more effective for some. Moreover, connecting in this format is preferable for many patients and has led to increased service engagement.

The efficacy of telehealth was evidenced in our survey. More than 85% of organizations reported a decrease in no-show rates for all services, and 71% reported decreased no-show rates for medical services since implementing telehealth. The flexibility of telehealth has made clients more likely to stay and engage in their treatment. Roughly 74% of organizations reported client retention and engagement in treatment has increased since implementing telehealth. Anecdotally, Ohio Council members shared results of internal client satisfaction surveys specific to telehealth and reported that the majority of clients *prefer* telehealth (or having the option of telehealth) and are highly satisfied with the services received via telehealth.

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OhioMHAS conducted a telehealth survey in February 2021 that was completed by 125 organizations. This survey asked questions related to telehealth services provided between February 2020 and January 2021. The key findings from this survey indicate that, overall, telehealth did not change the quality of services. OhioMHAS reports that 43% of respondents indicated that telehealth improved the quality of services while another 43% indicated quality was about the same. Additionally, 60% of provider organizations indicated that telehealth was important to their success and allowed them to see clients over a greater distance.

Telehealth is not only an effective means of service delivery; it has been crucial in maintaining access for Ohioans in need of behavioral health treatment. Data from the Ohio Department of Medicaid in the [2022-23 Executive Budget Proposal](#) shows that, between March and August 2020, at least 627,197 Medicaid members used telehealth services totaling approximately 2.6 million claims. Nearly half of those claims were for behavioral health services.<sup>2</sup> Furthermore, Medicaid [utilization of behavioral health services](#) was sustained at pre-COVID levels for adults and youth from April through October 2020 when compared to 2019.<sup>3</sup> National data, by contrast, found 25% and 35% *decreases* for adults and youth, respectively. Ohio’s pioneering leadership in telehealth flexibilities is the key difference. The premature repeal of flexibilities for telehealth would have a significant impact on patients who access care with Medicaid, many of whom already face increased barriers to accessing services.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*. SAMHSA Publication No. PEP21-06-02-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021.

<sup>2</sup> Office of Budget and Management, & Murnieks, K. (2021, February). *State of Ohio, Executive Budget Recommendations for Fiscal Years 2022–2023*. [https://archives.obm.ohio.gov/Files/Budget\\_and\\_Planning/Operating\\_Budget/Fiscal\\_Years\\_2022-2023/ExecutiveBudget/Book1\\_BudgetRecommendations/Sections/BudgetRecommendations\\_FY2022-2023\\_SectionD-AgencySection.pdf](https://archives.obm.ohio.gov/Files/Budget_and_Planning/Operating_Budget/Fiscal_Years_2022-2023/ExecutiveBudget/Book1_BudgetRecommendations/Sections/BudgetRecommendations_FY2022-2023_SectionD-AgencySection.pdf)

<sup>3</sup> Ohio Department of Medicaid. (2020). *Comparing Behavioral Health Service Utilization for Medicaid Recipients Between CYs 2019 & 2020* [Slides]. [www.theohiocouncil.org](http://www.theohiocouncil.org). [https://www.theohiocouncil.org/assets/EBulletins/2021/ODM\\_BH-Utilization\\_CY2019-20.pdf](https://www.theohiocouncil.org/assets/EBulletins/2021/ODM_BH-Utilization_CY2019-20.pdf)

## The Importance of Audio-Only Services

Without question, the ability for behavioral health providers to deliver services through both synchronous and asynchronous activities has ensured that clients who do not access to technology or broadband internet have not been left without treatment. Indeed, this policy advancement has been viewed as sound and popular among lawmakers and federal officials, resulting in the introduction of [several federal bipartisan bills](#) to expand telehealth to include audio-only services.

Many rural Ohioans do not have access to the high-speed internet service needed for two-way video calls. For that reason, audio-only visits have been an indispensable tool for behavioral health clinicians to reach their clients throughout the pandemic. Our members report that the audio-only modality for behavioral health has been critical during the PHE and that beneficiaries' need for audio-only services has not dissipated over the course of the pandemic. The discontinuation of audio-only services would create a significant barrier for people without access to reliable internet connections in accessing treatment.

While other types of medical treatment may require a physical exam or visualization of the patient, this is often unnecessary for mental health treatment. For example, crisis hotlines and more recently chat/text lines have been successfully de-escalating mental health crises without physically seeing the person in crisis for several years. Furthermore, behavioral health clinicians and medical professionals rely on existing standards of care and use their professional judgment to determine when telehealth services are appropriate and when an individual would benefit from in-person services. Accordingly, The Ohio Council does not recommend an initial or ongoing in-person requirement for telehealth services.

Additionally, our members have shared that their clients who have thought disorders, limited cognitive abilities, and/or a lack of knowledge regarding technology often have great difficulty following the steps to access video-based services. Furthermore, clients who suffer from paranoia are often extremely mistrustful of video-based services. Audio-only services, however, have been an effective alternative for these clients. For The Ohio Council's members, collaborative decision-making between the provider and client is the preferred method for determining the most effective modality of care. We agree with and support the role of client choice in the modality of service delivery, and we encourage our regulatory partners and policymakers to consider the benefits of audio-only services sustain access of these services as the pandemic continues and into the future.

## HIPAA-Compliant Platforms & Electronic Signatures

Most organizations surveyed report having access to HIPAA-compliant telehealth platforms such as Doxy.me or Zoom for Healthcare. However, it was also reported that use of non-HIPAA compliant platforms is sometimes necessary to ensure access and often occurs at the request of clients. Many people in need of behavioral health care do not have the technological resources (such as updated equipment or high-speed internet) to utilize HIPAA-compliant platforms. Others report HIPAA-compliant platforms to be more confusing and difficult to navigate. Non-compliant, non-public-facing platforms such as Zoom, Microsoft Teams, and Apple FaceTime that meet current federal waivers on telehealth HIPAA compliance<sup>4</sup> are often integrated into consumer electronics and/or available free of charge for clinicians and patients. We recommend that HIPAA compliance relaxations continue in accordance with federal guidance.

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<sup>4</sup> Office for Civil Rights, U.S. Department of Health and Human Services. (2020, March). *Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency*. www.HHS.gov. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Another barrier to offering effective telehealth is the requirement for remote signature collection in order to establish patient consent for care. Most behavioral health care organizations do not have the ability to capture electronic signatures and report cost as the most significant barrier to adopting that technology. Informed consent is a fundamental aspect of behavioral health treatment, but there is no evidence that a signed consent form is more effective or meaningful than a documented discussion about the nature of treatment, the potential risks and benefits of treatment, and the client's understanding of their rights. We encourage our state and regulatory partners to consider the benefits of allowing alternatives to signed consent as a means of boosting access to care.

## Recommendations

As data and reports from The Ohio Council's members show, telehealth has become essential to ensuring continued access to care. Telehealth provides an option that expands client choice and access to mental health and substance use disorder treatment during a time of increased demand for services. In addition, the wider access, higher ease of use, and privacy associated with virtual behavioral health care have permanently shaped clients' expectations and preferences for telehealth as an option by which they can access quality care. Our members' experience with telehealth has demonstrated its potential to improve behavioral health service provision during and after the current public health emergency. Telehealth addresses gaps in treatment by making services more accessible and convenient, improves health outcomes, and reduces health disparities. We believe these benefits can and should be sustained.

We recommend that Ohio's regulatory bodies, licensing boards, and policymakers take steps to align state rules and statutes with current allowances afforded under the federal PHE, waivers, and other planned transitions. ***To accomplish this, we recommend the following considerations when revising current laws and rules for telehealth:***

- Require telehealth services to be provided in accordance with federal laws (including HIPAA and 42 CFR, Part 2) and any related directives from the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS). This will allow providers to continue to follow the waivers associated with the PHE and protect client choice and accessibility.
- Unless otherwise required by federal law, remove requirements for in-person visits to initiate services using telehealth modalities. The decision of whether to provide initial or occasional in-person sessions should be based on the needs of the person seeking care and the existing standards of practice of the licensed professionals offering the services.
- Include asynchronous modalities, specifically audio-only services, in an updated definition of telehealth.
- Allow informed consent through written, verbal, or electronic means.