



WILLAMETTE HEALTH & WELLNESS

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To Whom It May Concern:

We are writing as founders and directors of Willamette Health & Wellness, a provider of outpatient psychiatric services with 20 Psychiatric Nurse Practitioners and Licensed Therapists who provide medication management and psychotherapy services to hundreds of individuals and families every year.

This letter is to share our strong support for and to urge you to support HB 2508. This bill seeks to equally reimburse services whether provided in-person or via a telehealth platform.

When appropriate for care, our clinicians utilize telehealth to provide psychiatric care. In relationship to in-office care, these services are of equal quality, face-to-face time with the patient, and time spent before and after sessions for preparation, coordination of care, documentation and other clinical care dictated by the treatment plan and medical necessity. The utilization of telehealth platforms for provision of equivalent services has not reduced the time our providers spend rendering services nor has it "lessened" or "reduced" the type or quality of services as is suggested by some opponents of this bill.

We strongly believe services should not be reimbursed at lesser rates for equal clinical time and care.

We have reviewed some publicly published opinions from non-clinical opponents of this bill. They argue that, under this bill, clinicians would charge the same for a brief phone call or email as in-person visit suggesting that patients get less for the same amount of money. The medical profession is governed by ethical and legal standards. For insurance and billing purposes, these standards outline what CPT codes can be assigned, and thus billed, for services rendered. We believe these opponents' arguments are misinformed.

These opponents also argue that parity would drive up the cost of healthcare. We do not believe this to be true for several reasons. First, as noted above, standards of CPT coding require that we must follow a standard set of rules for coding visits which encompasses work completed and services rendered for any visit. These must be applied to both in-person and telehealth visits. There are no provisions for coding a telehealth visit, which consists of less time spent or lesser service for, the same as an in-person visit. These are simply the same services provided in a different platform.

Secondly, we have found that telehealth has given service opportunity for some individuals who would not ordinarily attend visits in an office. Often these individuals requiring service forgo an office visit due to symptoms, unreliable transportation, lack of childcare, inability to take time off from work to travel back and forth to an office across town, etc. Many times these are the same individuals who utilize more costly services such as hospitalization or primary care visits for other related illnesses or stress-related complaints that could have been mitigated by addressing mental health needs. We believe that the opportunity for clinicians to use their clinical judgement to utilize telehealth or in-person will actually reduce health care cost in the long run.

"Providing Opportunities for Health, Healing, Growth and Change."



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We believe telehealth has many opportunities to expand care and ultimately provide cost-effective and efficient care when applied with clinical discretion. We know there is an important place for in-person care and telehealth would not supplant this need. Paying for these differentially will not save money, it will reduce treatment options that serve individuals and families that could otherwise equitably support the care of patients. If telehealth is paid at a lesser amount we believe it will not be financial viable for many providers to continue to utilize this as an option for care. Driving down options for the larger community will further deepen the inequities in healthcare and ultimately cost the system more.

Thank you for your time and consideration in these very important matters.

Sincerely,

Nicole Bennett, DNP, PMHNP-BC, MN
Director, Founder

Anna C. Long, MSN, MA, PMHNP-BC
Director, Founder

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