



# Portland Natural Health

Dear Senator Healthcare Chair Paterson and Members of the Committee:

Thank you for the opportunity to offer testimony in support of HB 2508. I am a native Oregonian who practices as a Psychiatric Nurse Practitioner in Oregon, and I stand with ONA in support of HB 2508.

Serving our patients and their needs is of utmost importance. Whether systemically initiated by the pandemic, Telehealth was a long awaited service that many healthcare providers knew already would be essential if we were to care for our patients in our modern times. It remains imperative if patients are to gain the ability to have the best healthcare possible. Telehealth has improved outcomes in a positive, transformative way, especially for mental health and primary care. Telehealth must be reimbursed fully by payers and should never be rolled back.

Telehealth has dramatically transformed access to care for Behavioral Health, and has allowed many people to receive care who would otherwise not be able to access it. Due to work and economic constraints, not everyone has the time, energy, and money to travel to their weekly or bi-weekly Behavioral Health appointments in-person, which they desperately need. Telehealth makes access less stressful for patients, and reduces visits to urgent care and emergency services by allowing more patients mental health conditions to be managed on an outpatient basis.

Nearly all of my patients tell me they prefer receiving mental health care via Telehealth, and many are concerned they will no longer be able to receive care if Telehealth coverage is rolled back. In my work, I have noticed no difference in the quality of care received by patients via Telehealth. As far as I can tell, having the option for Telehealth is a positive thing for providers who choose to make this available in their practice. Telehealth allows for increased flexibility and can reduce provider burnout. It is immensely positive for patients who have expanded options, which greatly increase access to care. It seems that the only reason to not continue reimbursement rates equivalent to in-person is due to insurance companies not wanting to pay for it.

I do the exact same work with my patients whether it is in-office or via Telehealth, there is zero difference. If Telehealth reimbursement rates are reduced to Pre-pandemic rates, I will be forced to consider potentially no longer offering Telehealth as a service.

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Ultimately, the community would lose out on a vital service that providers are willing to offer, but insurance companies do not want to pay equivalently. Telehealth must be available for meeting increasing demands for Behavioral Health services, and be fully recognized as equivalent care as an in-office visit in order to best serve our patients.

Telehealth vastly improves the ability of patients to access effective treatment in a timely and personal manner. Statistics show that when a patient has a trusted relationship with a medical provider they have less adverse outcomes. Telehealth bridges the gap that pre pandemic sorely needed to cover.

Giving reference to those of us on the frontlines please take my advice with serious consideration. I urge your support for HB 2508.

Sincerely,

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Psychiatric Mental Health Nurse Practitioner

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