JLARC
JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

August 12, 2024

Health Insurance Mandate Review: Audio-only telehealth HB1918/SB1157 (2023)

Health Insurance Reform Commission Briefing

Questions for JLARC stage 2 review

- Is there evidence that the proposed treatment is effective?
- How commonly used and available is the proposed treatment?
- How much does treatment cost for individuals without insurance coverage?

In Brief

HB 1918/SB 1157 would require coverage of "audio-only telehealth" services that address mental, emotional, or behavioral disorders if the patient does not have access to real-time video.

Audio-only telehealth services can increase access to behavioral health services.*

Available research suggests audio-only telehealth services reduce symptoms of behavioral health conditions, but medical experts differ on audio-only telehealth services' value and effectiveness vs. in-person or video visits.

Audio-only telehealth services account for a very small portion of behavioral health services.

* Behavioral health services include mental health and substance abuse services

In this presentation

Background

Medical efficacy and use of audio-only telehealth

Financial impact on individuals without coverage

Coverage provided by HB 1918/SB 1157

1 in 5 adults experience mental illness, and some face challenges accessing care

- About 22% of adults in Virginia and 23% of adults nationally reported experiencing mental illness in the prior year
- Approximately 17% of adults in Virginia and nationally reported a substance use disorder in the prior year
- Approximately 93 of Virginia's 133 localities are federally designated Mental Health Professional Shortage Areas*
  - 37% of Virginians (3.2 million people) live in these shortage areas

Note: Mental Health Professional Shortage Areas have a population to provider ratio that is 30,000 to 1 or greater, or 20,000 to 1 if there are unusually high needs in the community.
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021. Virginia Health Care Foundation, Assessment of the Capacity of Virginia's Licensed Behavioral Health Workforce, 2022.

Audio-only telehealth can increase access to behavioral health services

- Telehealth (audio-only and video) can increase access to care in areas with behavioral health professional shortages, as well as for individuals with limited mobility or transportation challenges
- In Virginia localities with a shortage of behavioral health professionals, approximately one in five households do not have broadband internet access
  - Audio-only telehealth can improve access to care for these households and for those that lack devices with video capability (e.g., computers, tablets, and smartphones)

Source: Virginia Health Care Foundation, Assessment of the Capacity of Virginia's Licensed Behavioral Health Workforce, 2022.

Restrictions on audio-only telehealth services were relaxed during the COVID-19 pandemic

- Prior to the pandemic, most state Medicaid programs did not allow *any* use of audio-only telehealth for behavioral health, including Virginia
  - Allowable uses of video telehealth were also limited
- During the pandemic, federal and state authorities temporarily waived restrictions on telehealth, including audio-only, to allow for continued access to care
  - CMS allowed audio-only telehealth to be used for behavioral health counseling services for Medicare clients
  - All state Medicaid programs and many private insurers also allowed greater use of audio-only telehealth for behavioral health services

HB 1918/SB 1157 applies only to audio-only telehealth services for mental and behavioral health services

- Definition of audio-only telehealth in HB 1918/SB 1157 specifically refers to counseling interventions designed to remediate mental, emotional, or behavioral disorders and associated distresses
  - These services must be delivered by a licensed "mental health professional," as defined in the Code

At least 4 other states require some coverage of audio-only telehealth services

- Arizona: Requires coverage if telehealth advisory committee recommends the services may be appropriately provided through audio-only. Recommendations currently align with CMS guidance.
- New Hampshire: Requires coverage for all modes of telehealth (including audio-only) on the same basis as services provided in person.
- Vermont: Requires coverage for all medically necessary, clinically appropriate healthcare services delivered by audio-only telephone to the same extent as in-person services.
- Washington: Requires coverage of audio-only services if certain conditions are met, including if the service is covered when provided in person, medically necessary, and if the covered person has an established relationship with the provider.

In this presentation

Background

Medical efficacy and use of audio-only telehealth

Financial impact on individuals without coverage

Coverage provided by HB 1918/SB 1157

Available research shows audio-only services can reduce symptoms for several common behavioral health conditions

- High-quality, randomized trials on the effectiveness of audio-only services are limited, but available studies have found some evidence that audio-only services can
  - reduce symptoms related to depression, anxiety, PTSD, eating disorders, OCD, and substance use disorder, and
  - be highly effective for supporting medication adherence for patients with severe mental illness

Comparison groups vary across studies (e.g., no treatment, treatment as usual, in-person care)

Audio-only telehealth services may promote greater patient retention than in-person care

- Several studies have found that patients who receive behavioral health services by phone have lower attrition rates
  - For example, a meta-analysis found that average attrition rates across 12 trials of telephone-administered psychotherapy were lower than rates for in-person care
- Lower attrition rates are likely attributable to reduced barriers (e.g., transportation), greater convenience and perception of value by patients

Several studies have found high levels of patient satisfaction with audio-only telehealth services

- Several studies have found that patients reported high levels of acceptance and satisfaction with audio-only telehealth services for behavioral health
  - One study of diverse patients found that the satisfaction rate for audio-only services was about the same as video visits
  - Two studies found similar levels of satisfaction between audio-only treatment and the same in-person treatment

Additional research is necessary to determine comparative and long-term effectiveness of audio-only behavioral health services

- Several meta-analyses found comparable reductions in symptoms between phone, video, and face-to-face treatment for some common behavioral health conditions, but few randomized, controlled studies have directly compared the effectiveness of audio-only services against other treatment modes
- Mixed evidence is available on the long-term, sustained effects of audio-only services for symptom reduction

Experts' opinions vary on value and effectiveness of audio-only behavioral health services

- Some medical experts interviewed said audio-only services are an effective treatment option for some patients
  - These experts also reported that audio-only services are valuable for increasing care access for rural and low-income individuals & maintaining care for transient populations (e.g., college students)
- Other medical experts interviewed believe audio-only services are less effective than video or face-to-face, and therefore, do not offer audio-only visits
- Literature indicates behavioral health experts nationally have diverse attitudes toward audio-only telehealth services

Experts agree audio-only services should only be used when other methods are unavailable

- Medical experts interviewed generally agree that audio-only services prohibit practitioners from observing visual cues from patients, which are an important source of behavioral health information
- Experts interviewed indicated that
  - audio-only should not be primary delivery method of services and offered only if in-person or video services are not available; and
  - patients should have ultimate authority to choose their method of receiving services, including the ability to decline use of audio-only services if offered by provider.

Audio-only behavioral health services are likely generally available from providers in Virginia

- Definitive data on the availability of audio-only behavioral health services is not available, but some sources suggest many providers offer audio-only services
- A 2023 survey with responses from approximately 10,600 active licensed health care providers across specialties in Virginia found that 69 percent of providers currently use telehealth
  - Of these providers, about 90 percent reported using audio-only services in 2023
  - About 47 percent of the total responding providers were mental or behavioral health providers

The *Benchmarking Telehealth Usage in Virginia Survey* was conducted by the Virginia Telehealth Network, with support from the Virginia Department of Health and Virginia Department of Health Professions, to inform the State Telehealth Plan.

Audio-only services likely make up a very small percentage of all behavioral health services

- Among Virginia Medicaid clients, audio-only services were less than 0.1 percent of all behavioral health claims between January 2022 and December 2023*
- One major health system in Virginia reported that audio-only services were about 2 percent (856 visits) of all behavioral health visits (40,687) between November 2022 and October 2023
- Another licensed provider group estimated that audio-only services accounted for between 2 and 5% of their total behavioral health services in 2023

*DMAS staff reported this may be an undercount of total audio-only behavioral services because providers are not yet required to distinguish between audio-only and video services on claims, although many providers voluntarily provide this information. Data on audio-only claims was not recorded prior to 2022.

In this presentation

Background

Medical efficacy and use of audio-only telehealth

Financial impact on individuals without coverage

Coverage provided by HB 1918/SB 1157

Patient costs of audio-only behavioral health services vary, but are similar to in-person services

- Providers estimate that patient costs for audio-only behavioral health services can range from **$142 to $341 per session**, depending on service type and duration
- Providers set their own rates, and rates may vary depending on the type of counseling or provider
  - For example, a psychiatrist's services may cost more per session than those of a licensed professional counselor, and the frequency of sessions may vary as well.
- Providers reported that they typically charge the same rates for audio-only services as they do for video or in-person behavioral health services

In this presentation

Background

Medical efficacy and use of audio-only telehealth

Financial impact on individuals without coverage

Coverage provided by HB 1918/SB 1157

HB 1918/SB 1157 would expand Virginia's current telemedicine mandate

- § 38.2-3418.16 of the Code of Virginia currently requires insurance plans to cover the cost of health care services provided through "telemedicine services"
  - However, definition of telemedicine services explicitly excludes services provided through "real-time audio-only telephone"
- HB 1918/SB 1157 would amend this Code section to also require coverage of "audio-only telehealth services" for behavioral health services when no other means of telemedicine (including video) are available

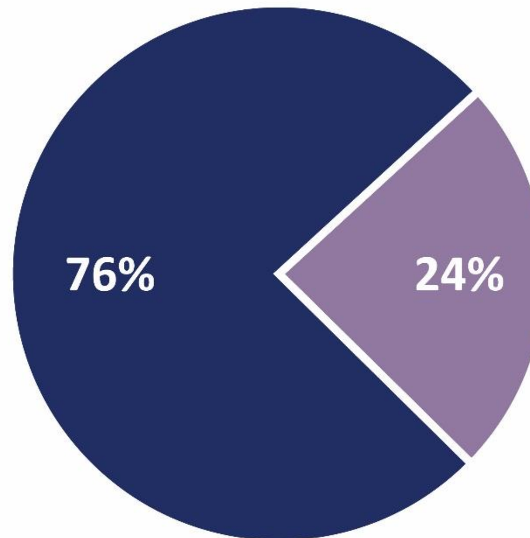
Medicare and Medicaid cover audio-only behavioral health services

- Federal Consolidated Appropriations Act of 2023 permanently allows audio-only behavioral health services to be used for Medicare beneficiaries
- In 2022, Virginia's Medicaid program made permanent changes to cover some audio-only behavioral health services
  - Includes all services covered by Medicare, as well as some additional services
- Virginia's state employee health insurance plans *do not* offer coverage for audio-only behavioral health services

HB 1918/SB 1157 would apply to insurance plans covering approximately 1/4 of Virginians

INDIVIDUALS IN VIRGINIA

Health insurance mandates do not cover:
Medicaid
Medicare
Large group self-insured plans



Health insurance mandates cover:
Fully insured large group plans
Small group plans
Individual market plans
State employee health plans

JLARC staff for this report

Kimberly Sarte, Associate Director

Dillon Wild, Senior Legislative Analyst

Laura White, Senior Associate Legislative Analyst

Appendix: Literature reviewed

Castro, A., Gili, M., Ricci-Cabello, I., Roca, M., Gilbody, S., Perez-Ara, M. Á., Seguí, A., & McMillan, D. (2020). Effectiveness and adherence of telephone-administered psychotherapy for depression: A systematic review and meta-analysis. *Journal of affective disorders*, *260*, 514–526. https://doi.org/10.1016/j.jad.2019.09.023

Chen, P. V., Helm, A., Caloudas, S. G., Ecker, A., Day, G., Hogan, J., & Lindsay, J. (2022). Evidence of Phone vs Video-Conferencing for Mental Health Treatments: A Review of the Literature. *Current psychiatry reports*, *24*(10), 529–539. https://doi.org/10.1007/s11920-022-01359-8

Day, S. X., & Schneider, P. L. (2002). Psychotherapy using distance technology: A comparison of face-to-face, video, and audio treatment. *Journal of Counseling Psychology, 49*(4), 499–503. https://doi.org/10.1037/0022-0167.49.4.499

McClellan, M. J., Osbaldiston, R., Wu, R., Yeager, R., Monroe, A. D., McQueen, T., & Dunlap, M. H. (2022). The effectiveness of telepsychology with veterans: A meta-analysis of services delivered by videoconference and phone. *Psychological services*, *19*(2), 294–304. https://doi.org/10.1037/ser0000522

Mohr, D. C., Ho, J., Duffecy, J., Reifler, D., Sokol, L., Burns, M. N., Jin, L., & Siddique, J. (2012). Effect of telephone-administered vs face-to-face cognitive behavioral therapy on adherence to therapy and depression outcomes among primary care patients: a randomized trial. *JAMA*, *307*(21), 2278–2285. https://doi.org/10.1001/jama.2012.5588

Mohr, D. C., Vella, L., Hart, S., Heckman, T., & Simon, G. (2008). The Effect of Telephone-Administered Psychotherapy on Symptoms of Depression and Attrition: A Meta-Analysis. *Clinical psychology : a publication of the Division of Clinical Psychology of the American Psychological Association*, *15*(3), 243–253. https://doi.org/10.1111/j.1468-2850.2008.00134.x

Appendix: Literature reviewed, cont'd.

Schaffer, C. T., Nakrani, P., & Pirraglia, P. A. (2020). Telemental Health Care: A Review of Efficacy and Interventions. Telehealth and Medicine Today, 5(4). https://doi.org/10.30953/tmt.v5.218

Schlief, M., Saunders, K. R. K., Appleton, R., Barnett, P., Vera San Juan, N., Foye, U., Olive, R. R., Machin, K., Shah, P., Chipp, B., Lyons, N., Tamworth, C., Persaud, K., Badhan, M., Black, C. A., Sin, J., Riches, S., Graham, T., Greening, J., Pirani, F., ... Johnson, S. (2022). Synthesis of the Evidence on What Works for Whom in Telemental Health: Rapid Realist Review. *Interactive journal of medical research*, *11*(2), e38239. https://doi.org/10.2196/38239

Schulze, L. N., Stentzel, U., Leipert, J., Schulte, J., Langosch, J., Freyberger, H. J., Hoffmann, W., Grabe, H. J., & van den Berg, N. (2019). Improving Medication Adherence With Telemedicine for Adults With Severe Mental Illness. *Psychiatric services (Washington, D.C.)*, *70*(3), 225–228. https://doi.org/10.1176/appi.ps.201800286

Slone, N. C., Reese, R. J., & McClellan, M. J. (2012). Telepsychology outcome research with children and adolescents: a review of the literature. *Psychological services*, *9*(3), 272–292. https://doi.org/10.1037/a0027607

Sugarman, D. E., & Busch, A. B. (2023). Telemental health for clinical assessment and treatment. *BMJ (Clinical research ed.)*, *380*, e072398. https://doi.org/10.1136/bmj-2022-072398

Turgoose, D., Ashwick, R., & Murphy, D. (2018). Systematic review of lessons learned from delivering tele-therapy to veterans with post-traumatic stress disorder. Journal of telemedicine and telecare, 24(9), 575–585. https://doi.org/10.1177/1357633X17730443

Varker, T., Brand, R. M., Ward, J., Terhaag, S., & Phelps, A. (2019). Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment. *Psychological services*, *16*(4), 621–635. https://doi.org/10.1037/ser0000239

Appendix: Medical experts interviewed

- VCU Health
- UVA Medical Center
- UVA Center for Telehealth
- Virginia Academy of Clinical Psychologists