Testimony on Telehealth

Dear Chairman Vitale, Vice-Chair Madden and Members of the Senate Health, Human Services and Senior Citizens Committee:

On behalf of the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) and its members, thank you for this opportunity to provide testimony in regard to telehealth services, including telemental health, as well as case management and support services.

The waivers issued during the current pandemic to alleviate a multitude of restrictions that had been placed on the provision of telehealth services have allowed an immeasurable amount of critical services to be provided to New Jersey’s most vulnerable populations. Perhaps most important to keeping recipients of services connected to their program services was the permission for the receiver of services to be at any location; second to that would be allowing telephonic only services. Waivers continued to be refined as various issues arose, such as the ability of non-licensed or certified individuals to provide services via telehealth and the inability of certain recipients of services to engage for long lengths of time via telehealth.

Allowing clients to receive services at any location addressed many barriers to care including transportation, child care and now, still and again, fear of covid-19. The loosening of restrictions on the type of equipment that could be used, including allowing telephone only, further expanded the opportunity for many to stay connected despite not having smartphones, tablets or laptops or, on the provider side, not having HIPAA compliant technology. Providers saw a dramatic drop in no-show rates and even saw increased engagement by those who did participate. Services that were already fundamental to the well-being of those served now had the added result of combatting the impacts of isolation during the pandemic.

Until waivers were issued due to the current pandemic, the Division of Medical Assistance and Health Services had required Medicaid clients to be in a licensed mental health clinic or outpatient hospital program in order for providers to be able to bill for telehealth services. (This requirement is found in Medicaid Newsletter Volume 23 No. 21 which was published in December 2013.)

This requirement has deterred the use of telehealth by providers as most clients who are going to travel to a facility for care prefer a face-to-face encounter. Additionally, this Medicaid rule makes it fiscally illogical for providers to invest in the space and equipment needed for telehealth services when faced with high levels of no-shows, the same staffing costs and overall higher costs.
It is imperative that allowing clients to receive services in their homes or other place of their choosing be made permanent if the benefits of telehealth are to continue for those receiving behavioral health services. In that regard, we request that b (1) in S2559 be amended as follows (underline is added):

(1) Impose any restrictions on the location or setting of the distant site used by a health care provider to provide services using telemedicine and telehealth or on the location or setting of the individual receiving said services.

Despite how well-received telehealth services have been for a majority of individuals, many continue to need face-to-face interaction, either due to acuity, personal preference, medical services needed or just to better address the effects of social isolation. Telehealth is not the appropriate alternative for everyone, but must remain an option for all. And New Jersey must offer not only permanent regulatory changes, but fiscal support for both providers and service recipients to secure appropriate equipment, as well as adequate internet and phone services.

NJAMHAA looks forward to continuing to work with the Legislature and Administration to move forward with significant changes to telehealth law, regulation and practice, and to continued fiscal support to fully realize the potential benefits of broad availability of behavioral health telehealth services.

Sincerely,

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President and CEO