

June 10, 2020

Chairman Lontine and Members of the House Health Insurance Committee

RE: SB20-212

It has been brought to my attention that the Reimbursing Health Care Providers for [Telehealth Senate Bill 20-212](#) is currently under review in the legislature. Occupational therapy services are vital to allowing individuals to learn and develop skills to improve independence; prevent falls or further injury; address pain, sensation, coordination, and strength; access communities resources; and even to compensate for injury or illness. In order to meet our societies needs, occupational therapy services should include all delivery systems including telehealth.

Telehealth has gained much attention in the past few months due to the onset of the COVID 19 pandemic. While telehealth has existed for quite some time, **it hasn't been used to its full extent due to insurance reimbursement limitations and therefore limited acknowledgment from OT practitioners.** Telehealth is a vital service platform not only during this pandemic, but ongoing due to the ability for our most vulnerable clients to be evaluated and treated safely, effectively, and efficiently.

Telehealth allows OT practitioners to work with clients in the safety of their own homes, in rural areas, or with assist from caregivers allowing for improved communication and carryover. I have been directly involved in working with older adults via telehealth, and it has allowed my patients who may otherwise not have access to services be provided with home safety assessments (for example, patients in Park and Teller counties via Medicaid), home safety recommendations (as patients are seen in their own environment), and improved function and independence.

My patients have felt safe in that they are able to stay home, limit exposure to COVID 19, and still continue to receive needed OT services all through audio-visual technology. While telehealth services aren't for everyone, they have been very beneficial for most. Both patients and caregivers have appreciated the ability to continue receiving therapy services when they may otherwise decline, increase their fall risk, and end up hospitalized. **Based on the positive results of telehealth at this time, I believe telehealth services should continue to be reimbursed from payment sources even outside of this pandemic.**

Thank you,

Jennifer Junker, OTD, OTR/L

June 10, 2020

Chairman Lontine and Members of the House Health Insurance Committee

RE: SB20-212

I am a pediatric occupational therapist that treats children with feeding disorders. I help teach them how to eat and to develop the skills they need to be able to eat, like chewing and swallowing. While on quarantine, I have been seeing patients via telehealth. These services have been vital for children, especially during COVID-19, as receiving occupational therapy has been able to keep them from entering the hospital and putting themselves and their families at risk, while also crowding and overwhelming our hospital system with non-COVID related conditions.

Seeing patients via telehealth has also been vital for both their and my safety. While teaching a child how to eat, they are unable to wear protective gear (and I typically am as well, as I need to be able to demonstrate certain techniques myself). To do this in person would put us both in considerable risk, so telehealth has been an invaluable model of care to keep us safe. Seeing patients via telehealth has also allowed me to provide a high quality of therapy for patients that live in more rural areas, or economically do not have the ability to travel regularly to the hospital for treatment.

This provides greater care to a significantly greater number of patients. Lastly, seeing patients via telehealth has also allowed me to see them in their home environment, which allows me to give more tailored advice and strategies to their families. Some children perform better in the office, or better at home, since they are such different environments with varying levels of support, distractions, etc.

We provide the best strategies that we can, but seeing the patient via telehealth allows me to get an inside view into what problems the family is experiencing in their most natural environment, to provide the highest quality of care. Over the last couple months I have been seeing patients via telehealth, and have seen phenomenal results. I have been able to families transition their children from being g-tube fed to eating normal food by mouth, and have taught several children how to eat more advanced and nutritious foods, helping keep them healthier.

Telehealth has been an invaluable model of therapy care for occupational therapy and feeding therapy, and I implore you to support SB20-212.

Best,

Lara Dato MS OTR/L, SC-FES  
Pediatric Occupational Therapist/Feeding Therapist  
AOTA Specialty Certified in Feeding, Eating, and Swallowing  
[Lara.Dato@childrenscolorado.org](mailto:Lara.Dato@childrenscolorado.org)

June 10, 2020

Re: SB20-212

Thank you, Chairperson Lontine and the members of the House Health & Insurance Committee for giving us an opportunity to submit written testimony.

My name is Pamela DiPasquale-Lehnerz and I am currently the President of the Occupational Therapy Association of Colorado. There are approximately 5000 occupational therapy practitioners in the state of Colorado. Our organization supports and represents both occupational therapists and occupational therapy assistants.

**We ask for your support of SB20-212 which provides for telehealth services for those that need occupational therapy services and ensures that the consumers of health services are protected.**

Occupational therapy has a more than 100-year history in this country of providing care to individuals who have suffered significant mental and physical health impacts as a result of stroke, mental health disorders, traumatic brain injury, spinal cord injury, birth defects, autism, chronic pain, amputations, and disease processes such as rheumatoid arthritis, multiple sclerosis, Alzheimer's and cancer. As occupational therapy practitioners, we have been involved in the health consequences of both World Wars, the mechanization of farm machinery, automation in our factories, the polio epidemic, traumatic auto accidents and rehabilitation of individuals who have computer overuse injuries.

**We continue to evolve our practice to meet the current needs of society which now includes telehealth services to home health, pediatric and school-based therapy because of COVID 19. Not all care can be provided through telehealth but many of our services can be established and continued with this delivery method.**

This legislation insures the most vulnerable populations continue to receive care in a safe and effective manner. Occupational therapists treat populations who are compromised either permanently or temporarily in cognition, mental health and mobility functions obtain services. These individuals are our elderly in skilled

nursing facilities, those with mental health disabilities in psychiatric settings, adults with cognitive delays in group homes, children with significant developmental delays in the schools and people with compromised health conditions that put them at risk for long term care societal needs.

We work with our clients or patients to return them to work, increase their self-care independence, ensure successful accommodation to schools, keep them in their homes, promote community reintegration and general wellness.

**Colorado occupational therapy consumers need your protection afforded by continuing our services with telehealth care to continue the occupational therapy plan of care in a safe and effective manner.**

Sincerely,

Pam DiPasquale-Lehnerz, MS, OTR/L

President

Occupational Therapy Association of Colorado

June 10, 2020

Chairman Lontine and Members of the House Health Insurance Committee

RE: SB20-212

My name is Meghan Weber and I'm a Certified Occupational Therapy Assistant. I work for Solace Pediatric Home Healthcare and serve clients in the Denver Metro area. Our company switched solely to telehealth on March 13th, 2020 in response to COVID-19 and I am currently providing telehealth occupational therapy services for all of my caseload.

Our company made the decision to move to telehealth services to protect our clients, their families and their clinicians because we are in multiple homes in a day. How has this impacted families? It has empowered caregivers to really understand and learn occupational therapy strategies to increase independence in their children's activities of daily living. Families are more hands on than ever because I need them. I need caregivers to be my eyes, ears and hands! I have families who are thriving over telehealth and making great progress toward their goals. I have children who are more excited to see me on their tablet than they were in person! Children love technology! It increases engagement, more opportunities to be creative in implementing strategies and more buy in from the caregiver because their children are excited.

Telehealth has also provided more opportunities for collaboration between disciplines. With the flexibility in our schedules clinicians now have more opportunity to provide co-treats or times to chat about our shared clients. This collaboration provides a more holistic approach for our clients and providing the best care possible.

This service model has also provided more flexibility to meet families where they are at. If one of my families has a missed session, it is now easier to reschedule within the week rather than finding an opening a few weeks down the road. Clinicians can be more flexible with session times for make up visits due to not having drive time or the location of other clients on my caseload. Telehealth has opened up the opportunity for our company to provide services to children in rural areas who have not had access to therapy in the past due to where they live in the state of Colorado.

Providing service via telehealth during the pandemic has taught me many things but the most important lesson I've learned is that our families needed us now more than ever and I am so grateful we had a way to support them through this difficult time without compromising their health & safety.

Thank you for supporting SB20- 212.  
Sincerely, Meghan Weber, COTA/L



Dear Legislators,

The rapid expansion of telehealth over the past eighty days has played an important role in keeping Coloradans safe during the pandemic. Securing this important achievement must be a priority.

**We urge you to vote yes on SB20-212 to protect access to telehealth.** Mental Health Colorado is the state's leading advocate for promoting mental wellness, ending shame and discrimination, and ensuring equitable access to mental health and substance use care.

In rapid response to the COVID-19 public health emergency, telehealth services were expanded in Medicaid and private insurance. This action has made mental health and substance use care more accessible, convenient, and on par with physical health. **Unless the legislature acts, this improved access to mental health and substance use telehealth care will be removed when the declared emergency ends.**

[Providers are saying](#) that telehealth filled an essential provider gap, allowed their organization to see patients across a greater geographic gap, increased the ability to see more patients, and contributed to the success of their organization.

For our rural and frontier Coloradans, telehealth improves access and reduces barriers to care. People in rural and frontier areas [express high levels of satisfaction with telemedicine services](#), including mental health.

We hear every day from Coloradans who say telehealth reduced barriers to care, such as limiting the stress of transportation. A mother of a son with autism told Mental Health Colorado, "It is almost a benefit to [my son] because he doesn't have the stress of changing locations and driving there. He can just call in and talk with them."

Additionally, telehealth gives people more choice on who they can visit. We've heard from an individual who is seeing a trusted provider in the East Coast after months of trying and failing to find a provider in Colorado.

**We urge you to vote YES on SB20-212 to keep Coloradans safe and promote convenient, personalized care!**

Sincerely,

Moe Keller  
Director of Advocacy  
Mental Health Colorado  
303-478-6757

## Written Testimony Submission in Support of SB20-212 Reimbursement for Telehealth Services

### Dr. Jay Shore

Director of Telemedicine

Medical Director, Steven A. Cohen Military Family Clinic at University of Colorado Anschutz Medical Campus

This is advocacy we have been working at from the APA (American Psychiatric Association) Telepsychiatry Committee, which has been approved internally and made public.

- *Remove limitations around originating site and geographical restrictions for mental health services.*
- *Include all services on the expanded Medicare-approved telehealth list, including group psychotherapy.*
- *Maintain coverage of and increased payment for telephone evaluation and management (E/M) services (99441-99443) that matches reimbursement for traditional outpatient E/M services that may be provided in person or via telehealth. Additionally, Levin requested the removal of the frequency limitations that are imposed under those codes to allow those patients who receive all their care via the telephone alone (and not in person or via telehealth) as often as is medically necessary, which could be more frequently than once every seven days.*
- *Allow for the use of audio-only (telephone) communications for E/M and behavioral health services, including care for opioid use disorders, when it is in the patient's best interest. In addition, reimbursement for audio-only care should be no less than what was established during the emergency.*
- *Remove frequency limitations for existing telehealth services in inpatient settings and nursing facilities.*
- *Allow teaching physicians to provide direct supervision of medical residents remotely through telehealth.*



## Colorado Consumer Health Initiative

June 10, 2020

Dear Representative,

Today, the House Health and Insurance committee is scheduled to hear SB20-212, “Reimbursement for Telehealth Services.” This bill preserves access to telehealth services by ensuring payment parity for providers and consumers, and allowing consumers to establish care with providers via telehealth. SB20-212 will continue to keep consumers and providers safe, while increasing access to health care for Coloradans. The Colorado Consumer Health Initiative (CCHI) **is writing in strong support of SB20-212 and respectfully asks for a “yes” vote.**

While Coloradans have been dealing with the public health emergency brought on by COVID-19, they have experienced increased anxiety, fear, and uncertainty in their daily lives. Many have lost jobs, and those who can work from home have had their routines uprooted. This crisis only underscores the need to close existing gaps in our health care system so patients can truly get the care they need, when they need it.

Telehealth has become a necessity during this time in order for patients to continue care while keeping safe and limiting their exposure and the exposure of others. It has also become a necessity for patients seeking new care in order to deal with both physical and mental health stressors brought on by the pandemic. Independent of the outbreak, telehealth provides an additional method of receiving care for patients that have time and transportation barriers and for those that live in rural areas.

The current crisis has pushed many providers to rapidly increase access to care via telehealth, and that progress should not be lost after we return to a more normal state. As we’ve seen over the last couple of months, there are many health care visits that do not require face-to-face interaction. This increased access to care is not only crucial to maintain for those that have adapted to a new form of delivery, it can also save costs in our health care system. Patients that have greater access to care are more likely to seek services when they are necessary, rather than foregoing care only to result in higher costs later on.

The expanded access to telehealth services has kept consumers and providers safe, while allowing patients to continue their treatment and maintain care with their providers. In the next few months (maybe even years) many consumers will still be hesitant to seek care in-person. In order to keep our communities healthy, we must preserve the ability to seek care virtually.

For these reasons, CCHI supports SB20-212 and we urge you to vote “yes”.

Sincerely,

Caitlin Westerson  
*Policy Director*  
[cwesterson@cohealthinitiative.org](mailto:cwesterson@cohealthinitiative.org)

**Testimony from the Colorado Rural Health Center in Support of:  
SB20-212 Reimbursement for Telehealth Services**

**House Health & Insurance Committee, June 10, 2020**

Madam Chair and members of the committee, thank you for the opportunity to provide written testimony on behalf of the Colorado Rural Health Center (CRHC). CRHC is the nonprofit, nonpartisan State Office of Rural Health and Rural Health Association. Our members are hospitals, clinics, providers and communities in rural Colorado. We provide resources, education and advocacy to ensure that all rural Coloradans have access to comprehensive, affordable, high quality healthcare. CRHC is writing to ask for your support of SB20-212 Reimbursement for Telehealth Services.

750,230 Coloradans live in a rural or frontier county, and of Colorado's 64 counties, 73% are frontier or rural. Recent research suggests that where people live significantly impacts health outcomes. Real differences exist between urban and rural areas of the state, and rural citizens face a variety of health inequities. Poverty and unemployment rates are higher in rural counties with median household income 29% lower in rural areas compared to urban areas. Residents on public insurance is 32% higher in rural areas and those who are uninsured is 11.4% compared to 6.7% in urban Colorado. These factors are social determinants of health that manifest themselves in poorer health rankings and higher chronic disease prevalence. These health and economic factors are increasingly more critical due to the COVID-19 public health emergency (PHE) and subsequent economic downturn.

Luckily, in the wake of COVID-19, the state passed emergency provisions to make telehealth services more widely available. Telehealth services are vital in order for rural Coloradans to receive timely, affordable and quality healthcare. This bill keeps patients and healthcare workers safe and promotes convenient, personalized care. Rural healthcare providers across the state are using telehealth for variety of services, including:

- Primary care visits, especially for those at high-risk for COVID-19 complications

- Oncology
- Therapy and counseling
- Stroke assessment
- Home health
- Infectious disease control
- Chronic pain visits
- Visits with long-term care residents

It is critical we continue this momentum of supporting telehealth by supporting this bill. CRHC and our membership can empathize and understand the dire financial situation the state is facing, but if we do not provide equitable access to healthcare across our state by protecting telehealth services, rural Coloradans who already have poorer socioeconomic and health outcomes, will be the ones who continue to lose out.

Based on our research and member feedback, we know that utilization does not increase when patients have a telehealth option, rather, patients simply replace in-person visits with this safer option. Further, we understand that payers may prefer to pay less than in-person rates for telehealth services, however, we want to assure committee members that it costs providers no less to provide telehealth visits. Providers must still maintain office facilities, liability insurance, pay staff and other overhead. Not to mention the significant upfront costs associated with purchasing a telehealth platform and regular maintenance and licensing fees. Fortunately, telehealth may provide patients with cost-savings by no longer requiring transportation or extended periods away from work or family. Additionally, we know better access to care, namely primary care, reduces costly ER visits and increases long-term healthcare cost-savings. This may result in a direct cost-savings to the state Medicaid program.

Our rural healthcare providers have given us some thoughtful feedback about delivering telehealth services in the wake of COVID-19:

- *“We are hoping the relaxed rules stay in place after the COVID restrictions are lifted. It is an enormous benefit to our patients that live out of town and travel sometimes an hour to get to the office. We see less stress on our staff with the televisits, our furniture and equipment.”*–Peak Family Medicine, Montrose
- *“Our providers and patients have adapted well. We foresee some patients wanting to stay with telehealth (psych and neurology) because they don’t like coming into the clinic. We really need phone visits to pay equally as an audio/video visit when the note is comparable to an E/M visit.”* –Heart of the Rockies Regional Medical Center, Salida
- *“[Telehealth] is a work in progress as we serve a large elderly population in a rural area. It is a great option to help ensure patient and staff safety during this pandemic.”* –Spanish Peaks Regional Medical Center, Walsenburg
- *“We are hoping to integrate telehealth services for the long term.”* –Melissa Memorial Hospital, Holyoke
- *“We have been lucky that the majority of patients have been open and comfortable to with telemedicine. It’s just a question of will we get paid or not. Again, we are lucky we have the majority of Medicaid patients and Medicaid is paying and doing well on this end. We are trying to think out of the box and keep revenue coming in plus provide the same great services when patients need us. As well as keeping staff healthy and safe.”* –Pediatric Associates, Durango
- *“We only started [offering telehealth services] due to COVID out of necessity. Looking forward to seeing its potential going forward.”* -Custer County Medical Center, Westcliffe
- *“[Telehealth revenue] is not a lot but at least it’s something and gives our patients options.”* – Yuma District Hospital

Please support safe, comprehensive access to telehealth services by voting yes on this bill.

Thank you the opportunity to provide testimony on this issue, for your consideration on this bill and for your support to rural Colorado communities. We are happy to answer any questions or continue this conversation, please contact Policy & Advocacy Manager Kelly Erb at [ke@coruralhealth.org](mailto:ke@coruralhealth.org) or by phone at 507.828.4174.

Thank you.



COLORADO  
PHARMACISTS  
SOCIETY

**Colorado Pharmacists Society**

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Aurora, CO 80014  
720-250-9585  
admin@copharm.org

June 10<sup>th</sup>, 2020

Dear House Health and Insurance Committee Members,

The Colorado Pharmacists Society (CPS) represents the profession of pharmacy across all practice settings in Colorado. We are the only non-profit professional pharmacist's association in the State. It is our mission to optimize patient care and public health.

We support SB 20-212 because pharmacists in clinical settings already routinely provide telehealth to patients and have for many years. Pharmacists are embedded in outpatient primary care and specialty clinics across the state. In these ambulatory settings, pharmacists care for patients via both face-to-face and telehealth visits for a variety of chronic diseases (i.e., anticoagulation, hypertension, diabetes, and hypercholesterolemia) and for medication-related issues (polypharmacy, adherence, etc.). Pharmacist visits are utilized by medical home models to manage patients and free up other providers to care for more urgent needs, thereby increasing access to care in busy healthcare settings. By utilizing us to practice at our fully trained and educated level and scope, pharmacist-provided care has been proven to provide patients with chronic diseases a higher quality of care at a lower overall cost.

I work in a family medicine clinic myself, and the physicians refer patients to me to manage their high blood pressure and diabetes. I conduct ALL of my patient interactions via telehealth visits. The virtues of the telehealth model are undeniable, so the payment to qualified providers must have parity as well.

We thank the sponsors of SB 212 for including all providers in the privately insured model. We additionally beseech further considerations for Colorado Medicaid to include payment to all telehealth providers, including pharmacists. As we know, approximately 1/3 of Coloradans are insured via Medicaid, and this is unfortunately only going to increase with the COVID19 pandemic. Pharmacists would undoubtedly save the state money if included as an eligible provider.

Thank you for your consideration, and the Colorado Pharmacists Society requests your YES vote on SB 20-212.

Sincerely,

**Emily Zadvorny, PharmD, BCPS**

Executive Director, Colorado Pharmacists Society  
[Emily.Zadvorny@cuanschultz.edu](mailto:Emily.Zadvorny@cuanschultz.edu) 303-818-9045

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*Member At Large*

Margie Hamm, CPhT  
*Technician Member At Large*

June 10, 2020

Colorado House of Representatives  
Health and Insurance Committee

To Whom It May Concern,

Thank you for the opportunity to submit written testimony on Senate Bill 212. At Delta Dental of Colorado, we are committed to the increased access to oral healthcare. We believe telehealth has proven itself to be a valuable tool for expanded access, and we have committed to paying for oral health services that can be delivered to our members via telehealth. We believe a mandate for our peers in the oral health benefits industry to follow our lead would be appropriate in order to ensure access to these important benefits for Coloradans covered by standalone dental plans.

Unfortunately, as presently drafted, SB 212 does not require dental plans to pay for telehealth services. Instead, it only requires carriers offering “health benefit plans” to do so. Given the many differences between the delivery of oral health care and traditional medical care, and the myriad differences between dental and medical benefits, the term health benefit plans does not and should not include dental plans. Fortunately, there is a relatively easy fix that will allow you to ensure that Coloradans have access to telehealth benefits and that Colorado dental providers receive reimbursement for dental services provided via telehealth. We ask only that you amend the bill to add “or dental plan(s)” after each use of “health benefit plan(s)” in C.R.S. § 10-16-123. That way, the bill will require that health benefit plans pay for telehealth benefits without any additional mandates or coverage requirements of them, while also requiring that the majority of Coloradans who receive their oral health benefits via a standalone dental plan will be assured their carrier will pay for such services.

Thank you for considering this simple administrative fix. Expanding access to dental care is the right thing to do and broadening the requirement that all commercial dental carriers pay for telehealth services will do just that. Furthermore, it will do so without adding financial or administrative burden to traditional health benefit plans, who are already required to do so by EO 20-205 and would be required to do so by the current iteration of SB 212. We simply ask that the bill be amended to apply the same rule to benefit those who deliver and receive oral health care through standalone dental plans.

Delta Dental of Colorado is committed to its mission to improve the oral health of the communities we serve. Providing benefits for those services capable of safe, responsible, and effective delivery via telehealth does just that, and we will continue to do it. We believe the best, most appropriate, course of action is to ensure that all dental plans in the state do the same. Thank you for your time and consideration.

Sincerely,



**Matt Cassady**  
Associate General Counsel &  
Compliance Director



June 9, 2020

Dear Members of the Health & Insurance Committee,

Thank you for the opportunity to submit written testimony on SB20-212 and explain why this legislation is vital for home care and hospice agencies, caregivers and the chronically ill, disabled and dying Coloradans we serve. The Home Care and Hospice Association of Colorado (HHAC) was founded in 1970. The association is made up of all sized agencies with a wide range of services and serve clients in all 64 counties. HHAC is proud to support the telehealth bill, which maintains the expanded access to telehealth services that was initiated by the COVID-19 public health emergency.

During the COVID-19 public health emergency, telehealth services were expanded in Medicaid (March 18, 2020) and in the private insurance market (E.O. 2020-20). Telehealth is especially important for HHAC as keeping caregivers safe has been of utmost importance given the lack of personal protective equipment and testing made available to agencies. These actions kept consumers and care providers safe and allowed patients to continue their care plan with their providers. This access will be removed when the declared emergency ends unless the state Legislature acts. This bill ensures that patients and caregivers are safe and promote convenient personalized care after the emergency rules expire.

Telehealth is playing an important role in keeping Coloradans safe during the COVID-19 pandemic, but its benefits extend far beyond the current situation. We should not stop this progress. Telehealth has proven to be popular amongst clients, home health providers and caregivers who enjoy both the peace of mind and added convenience (*please see the attached document with testimonials from clients and providers*).

This bill is needed to ensure home care and hospice clients have access to desperately needed care. SB20-212 allows for assessment, diagnosis, consultation, treatment, education, care management, self-management, remote monitoring or recommendations for a consumer to be done remotely. In no way does the bill expand the scope of practice for providers. The bill requires that home health, personal care and homemaker and hospice services delivered via telehealth meet the same standard of care as in-person care.

HHAC would also like to stress the importance the parity in billing under Medicaid for in-person and telehealth visits outlined in the bill. Reimbursement rates are already low for our providers.

If telehealth was billed at a lesser reimbursement rate, most agencies would not find it feasible to offer telehealth to Medicaid clients.

Thank you for your thoughtful deliberation on Senate Bill 212. It is vital that all Coloradans, and especially seniors, people with disabilities and rural community members, are able to continue to use telehealth services to safely and conveniently receive medical care.

Please feel free to reach out with any questions or concerns.

Sincerely,

Don Knox  
Executive Director, HHAC

## Telehealth Testimonials

*“Operating a rural home care business is often very difficult under the best of circumstance, but recently we have seen how beneficial it is to have the ability to use telehealth and teleconferencing with our clients. I would like to encourage our leaders to consider this resource for our Medicaid and private health insurances markets.”*

-Lourae, Walsenburg

*“As a provider of telehealth and as a recipient of telehealth for my special needs twins, the option for telehealth services is amazing. I have been able to treat kids with highly complicated situations and highly compromised immune systems without fear of infecting them. Also, providers have been able to continue seeing our twins with special needs as well. This system allows for few chances of my boys experiencing a lack in services due to sickness, holidays, etc. I can't emphasize it's importance to continue enough.”*

-Angie, Colorado Springs

*“Our daughter has complex medical issues. Telehealth is allowing her to interact with her doctors and specialists in a safer more effective manner. The very real risks of infection are greatly reduced. For her the flu, common cold, staph, are weeks of illness with multiple antibiotics, steroids, antivirals plus secondary infections. She's able to participate more in her care as well since she's in a comfortable environment. It's allowed us to get better interactions with shorter visits due to her being able to go to her room when her "part" is done. Her specialists are also able to schedule her more conveniently this way. Giving us access to better care. Please keep telehealth, for families like ours it's invaluable.”*

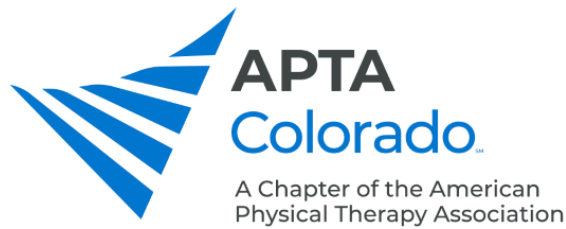
-Jacquelyn, Denver

*“My children, adopted from foster care, have anxiety and PTSD and are truly worries about going to therapy appointments. The ability to maintain our therapies while also tending to their anxiety and maintaining social distance is so very important. Please support us in maintaining the health of our children.”*

-Ariel, Englewood

*“I would like to advocate to please continue to allow health care agencies to perform telehealth services. As we move along this pandemic and we innovate our programs to be able to provide the necessary care for our hospice patients, having the ability and approval to use telehealth services has been a huge positive impact in our healthcare field. We have been able to provide the high level of care to our patients virtually and meet their needs without risking others life. Please consider keeping telehealth services available.”*

-Diana, Wheat Ridge



June 10, 2020

Dear Members of the Health & Insurance Committee

Thank you in advance for your thoughtful consideration of SB20-212 and the importance of telehealth for the future of health care in Colorado. The American Physical Therapy Association – Colorado Chapter (APTA-CO) is a professional, non-profit membership organization of approximately 2,455 physical therapists and physical therapist assistants in Colorado. APTA-CO first met in 1937 and was incorporated February 17, 1953. APTA-CO is in strong support of SB20-212 and ask that you vote in favor of the legislation.

During the COVID-19 public health emergency, telehealth services were expanded in Medicaid (March 18, 2020) and in the private insurance market (E.O. 2020-20). These actions kept consumers and care providers safe and allowed patients to continue their care plan with their providers. This access will be removed when the declared emergency ends unless the state Legislature acts. This bill ensures that patients and caregivers are safe and promote convenient personalized care after the emergency rules expire.

Telehealth is playing an important role in keeping Coloradans safe during the COVID-19 pandemic, but its benefits extend far beyond the current outbreak. We should not stop this progress. Telehealth has proven to be popular amongst consumers and providers from all ends of the state.

This bill is vital to guaranteeing access to care and continuity of care for all Coloradans. SB20-212 allows for assessment, diagnosis, consultation, treatment, education, care management, self-management, remote monitoring or recommendations for a consumer to be done remotely. In no way does the bill expand the scope of practice for physical therapists or any other provider nor does it change the standard of care for consumers or violate requirements under the Health Insurance Portability and Accountability Act (HIPAA).

APTA-CO would also like to stress the importance of parity in telehealth access in both Medicaid and private insurance. Keeping the systems aligned provides for clarity for both consumers and providers and ensures that no Coloradan is left behind because of how they pay for healthcare.

Thank you for your consideration of this exciting legislation and your commitment to improving health care access in the state. Please do not hesitate to reach out to us if you have any questions, comments, or concerns.

Sincerely,

Don Knox  
Executive Director, APTA-CO

### Telehealth Testimonials:

*“This mode of service delivery has opened up a whole new way of providing therapy services to our pediatric population. Our families have increased involvement and are more engaged in the therapy process, they are more consistent with follow through of treatment programs, we are able to continue to provide services when the family is not able to do in home therapy, it allows those in rural areas to receive services, and it protects our most vulnerable from many diseases, not just COVID-19.”*

-Brenda, Parker

*“Telehealth has allowed my trust and relationships to my clients and families grow stronger. We facilitate communication now together, as a team. Parents feel more supported and bring me into their daily routines.”*

-Rachel, Denver

*“Telehealth should be permanently available base on provider and family's decision and what's best for the patient. Some patient's diagnosis is more severed or immunocompromised so telehealth may be the only option that's best for the patient, family, and provider.”*

-Maiku, Aurora

*“Telehealth has allowed me to continue to give therapy services to my clients, therefore reducing their overall health needs and increasing their quality of life. Continuing this option will allow families with immunocompromised members to continue to receive services during vulnerable times such as flu season, when they are typically cut off from services and providers in their home.”*

-Rachel, Centennial

*“I would like to share with you the big success my families and I have accomplished using telehealth, especially during this time in which we have to combine being safe and effective at providing speech services. My patients have been very engaged in the activities, and parents are more willing to receive coaching; they are very pleased and would benefit from continuing receiving services via telehealth.”*

-Karina, Loveland

*“Telehealth in rural Colorado is an important part of the health care delivery system, including access. My job and the job of my colleagues depend on telehealth not only during the COVID-19 pandemic but beyond.”*

-Anne, Steamboat Springs





June 10, 2020

**Re: SB20-212: Concerning Reimbursement for Telehealth Services**

Dear Members of the House Health & Insurance Committee,

I write today to provide testimony and comment on SB20-212 on behalf of the Colorado Behavioral Healthcare Council (CBHC) which is monitoring this bill. CBHC represents Colorado's 17 Community Mental Health Centers (CMHCs), which have effectively utilized telehealth for decades under the authority allowed for Medicaid beneficiaries under Code of Colorado Regulations, Program Rules<sup>[1]</sup>, and detailed in the Health First telemedicine manual.<sup>[2]</sup> Over time, we have been able to gradually expand the scope and reach of telehealth with such flexibilities as location of service and various technologies, and we have been grateful to see additional flexibilities extended for this method of treatment during the COVID-19 pandemic.

Regarding recent expansions, we are grateful for the flexibilities that have been allowed that have enabled our providers to continue to provide care to clients who could not or do not feel comfortable with in-person services during the pandemic. We are particularly appreciative of the flexibility to obtain a verbal consent to treat when needed, to offer telephonic services in areas with limited access to broadband or other challenges to video based services. While we deeply appreciate the enthusiasm around telehealth expansion and are optimistic about its value in the healthcare continuum, we also have concerns about the quality of care when telehealth services are not connected, in some way, to a local resource and to a full continuum of services should the need arise. For behavioral health especially, it is critical that individuals have clear pathways to different services as level of need changes. We would have concerns about out of state or other distant entities treating Coloradans, who may lack the knowledge of local resources and how to connect clients to appropriate treatment options when needs escalate beyond what a telehealth platform can provide.

We have shared the following language with proponents and urge the committee to consider these concerns:

**Page 4 lines 7:**

Edit: (IV) Impose additional certification, location, or training requirements as a condition of reimbursement for telehealth services OTHER THAN THAT PROVIDERS OF BEHAVIORAL HEALTH TELEHEALTH SERVICES DEMONSTRATE A CONNECTION TO LOCAL PROVIDERS AND ARE OFFERED AS PART OF A FULL CONTINUUM OF AVAILABLE SERVICES."

We believe this relatively small protection will ensure that Coloradans who engage in behavioral telehealth care will be able to trust that their services are linked to different levels of care, and that their needs will be met comprehensively and responsively.

Regarding Section 5 of the bill (page 8, line11), CBHC has proposed the following language:

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<sup>[1]</sup> 10 CCR 2505-10, Section 8.200.3.B

<sup>[2]</sup> <https://www.colorado.gov/pacific/sites/default/files/CMS1500%20Telemedicine%20Billing%20Manual%20061919.pdf>

(IV) A TELEMEDICINE SERVICE MEETS THE DEFINITION OF A FACE TO FACE ENCOUNTER FOR A COMMUNITY MENTAL HEALTH CENTER. THE REIMBURSEMENT RATE APPLIED BY THE REGIONAL ACCOUNTABLE ENTITIES FOR A TELEMEDICINE SERVICE PROVIDED BY A COMMUNITY MENTAL HEALTH CENTER MUST BE NO LESS THAN THE RATE FOR A COMPARABLE FACE TO FACE ENCOUNTER OR VISIT. TELEMEDICINE REIMBURSEMENT TO COMMUNITY MENTAL HEALTH CENTERS FOR FEE FOR SERVICE MEDICAID MUST BE NO LESS THAN THE MEDICAL ASSISTANCE PROGRAM RATE FOR A COMPARABLE FACE TO FACE ENCOUNTER OR VISIT.

We drafted this language to mirror that which is included in the bill for other like providers. Without this language or similar protection in rule, CBHC is concerned that as we strive to attain payment parity for telehealth for a handful of articulated providers, there is the potential to create a disparity across provider types in Medicaid should this bill pass as is. In this regard, we urge the proponents and Bill Sponsors to consider a broader, more equitable solution, such as can be found for private health benefit plans in an Act passed in 2015, [House Bill 1029](#), in Section 1, paragraph (2), subsection (b):

SUBJECT TO ALL TERMS AND CONDITIONS OF THE HEALTH BENEFIT PLAN, A CARRIER SHALL REIMBURSE THE TREATING PARTICIPATING PROVIDER OR THE CONSULTING PARTICIPATING PROVIDER FOR THE DIAGNOSIS, CONSULTATION, OR TREATMENT OF THE COVERED PERSON DELIVERED THROUGH TELEHEALTH ON THE SAME BASIS THAT THE CARRIER IS RESPONSIBLE FOR REIMBURSING THAT PROVIDER FOR THE PROVISION OF THE SAME SERVICE THROUGH IN-PERSON CONSULTATION OR CONTACT BY THAT PROVIDER. A CARRIER SHALL NOT DENY COVERAGE OF A HEALTH CARE SERVICE THAT IS A COVERED BENEFIT BECAUSE THE SERVICE IS PROVIDED THROUGH TELEHEALTH RATHER THAN IN-PERSON CONSULTATION OR CONTACT BETWEEN THE PARTICIPATING PROVIDER OR, SUBJECT TO SECTION 10-16-704, THE NONPARTICIPATING PROVIDER AND THE COVERED PERSON WHERE THE HEALTH CARE SERVICE IS APPROPRIATELY PROVIDED THROUGH TELEHEALTH. SECTION 10-16-704 APPLIES TO THIS PARAGRAPH (b).

CBHC understands and appreciates the intent of the bill and supports many of the provisions included in the bill. We are also aware of the short amount of time remaining to debate these issues and others in the 2020 legislative session. In the event the Sponsors do not view these amendments as friendly, or if there are other circumstances that prevent these suggestions from being incorporated into the bill, we encourage the Members of the Committee and the Bill Sponsors to request that the respective state departments consider these issues during the promulgation of rules associated with the passage of this bill.

On behalf of CBHC and our members, I thank you for your consideration of our testimony and for your work during this challenging time to represent the Citizens of Colorado.

Sincerely,

Frank Cornelia, MS, LPC  
Deputy Director & Chief Strategy Officer  
Colorado Behavioral Healthcare Council  
720-454-5740  
[fcornelia@cbhc.org](mailto:fcornelia@cbhc.org)

# SUBMITTED WRITTEN TESTIMONY

**Committee** House Health & Insurance  
**Meeting Date** 06/10/2020 Upon Adjournment

Registered	Bill Number	First Name	Last Name	Position on Bill	Representing	Status	Testifying	Text of Testimony
6/10/2020 15:06	SB20-212	Alan	Morse	For	Home Care and Hospice Association of Colorado	Open	Uploaded file	
6/10/2020 15:08	SB20-212	Alan	Morse	For	American Physical Therapy Association	Open	Uploaded file	
6/10/2020 11:38	SB20-212	Caitlin	Westerson	For	Colorado Consumer Health Initiative	Open	Uploaded file	
6/10/2020 12:46	SB20-212	Eileen	Doherty	For	Colorado Gerontological Society	Open	Submitted text	<p>The Colorado Gerontological Society supports the need for tele-health to increase access to health care for older adults in this time of COVID-19 and beyond. Tele-health increases an older adult's ability to use medical and behavioral health services to more effectively receive services especially when they are "sheltering-in-place" per Executive Order; when they need care, but are unable to be seen in an office setting; or when transportation is a barrier.</p> <p>The Society would like to support the expansion of tele-health services to include oral health care. Research and best practices are now placing increased emphasis on the need for good oral care to maintain good health outcomes, especially for older adults.</p> <p>The co-morbidities experienced by many older adults place the need for good oral care in the forefront of expanded access to care.</p> <p>The Society supports an amendment to SB20-212 to include tele-health as a covered benefit.</p> <p>Thank you for the opportunity to support expansion of services to older adults.</p>

<b>Registered</b>	<b>Bill Number</b>	<b>First Name</b>	<b>Last Name</b>	<b>Position on Bill</b>	<b>Representing</b>	<b>Status</b>	<b>Testifying</b>	<b>Text of Testimony</b>
6/10/2020 11:43	SB20-212	Emily	Zadvorny	For	Colorado Pharmacists Society	Open	Uploaded file	
6/10/2020 16:02	SB20-212	Frank	Cornelia	Neutral	Colorado Behavioral Healthcare Council	Open	Uploaded file	
6/10/2020 8:07	SB20-212	Kathleen	Oatis	For	OTAC	Open	Uploaded file	
6/10/2020 11:41	SB20-212	Kelly	Erb	For	Colorado Rural Health Center	Open	Uploaded file	

Registered	Bill Number	First Name	Last Name	Position on Bill	Representing	Status	Testifying	Text of Testimony
6/9/2020 22:45	SB20-212	Kevin	Morris	For	Self	Open	Submitted text	<p>Hello Members of the House,</p> <p>My name is Dr. Kevin Morris, PT, DPT, a physical therapist graduate from the University of Colorado. I am writing with the hope of your support for SB 20-212, concerning the reimbursement for health care services provided through Telehealth.</p> <p>As a health-care worker, I have seen the positive impact that Telehealth has made for my patients during the COVID-19 pandemic. For my patients who are in high-risk categories for COVID-19, Telehealth has been their avenue for their continuity of care. This allows physical therapists to continue screening, consulting, and educating patients early for their neuro-musculoskeletal concerns. The early consults allow the physical therapist to investigate signs and symptoms that can be managed conservatively if caught early. The Telehealth consult could prevent a non-urgent orthopedic concern from evolving to an urgent or emergency care visit. The prevention of an emergency room visit is cost-efficient and effective to decrease hospital intakes, which is especially important during a global pandemic.</p> <p>I would also like to highlight the benefit that Telehealth physical therapy has had on my patients who are Medicaid recipients. For example, one patient on Medicaid lived in a household with older extended family members. She needed physical therapy care following a lumbar fusion but did not want to endanger her relatives' health. Telehealth gave us the opportunity to progress her care and allow her to be a safe caregiver. Another example that is common in the Medicaid population is the financial barriers of using public transit or not having a reliable means of transportation to attend physical therapy. Telehealth provides these individuals with a means to improve their functional mobility, even through economic hardships. Both examples will be present during COVID-19 and beyond.</p> <p>Once again, I urge your positive support for SB 20-212. It will help clinicians and patients navigate health care during the COVID-19 pandemic and beyond. Thank you for your consideration.</p> <p>Kevin Morris PT, DPT Thornton, CO</p>

<b>Registered</b>	<b>Bill Number</b>	<b>First Name</b>	<b>Last Name</b>	<b>Position on Bill</b>	<b>Representing</b>	<b>Status</b>	<b>Testifying</b>	<b>Text of Testimony</b>
6/10/2020 14:22	SB20-212	Matt	Cassady	Amend	Delta Dental of Colorado	Open	Uploaded file	