



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1907</b>		DATE: <b>1/23/2024</b>	
COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>AMY R. BECK, PHD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI PSYCHOLOGICAL ASSOCIATION</b>		TITLE: <b>LICENSED PSYCHOLOGIST; LEGISLATIVE CHAIR (VOLUNTEE</b>	
ADDRESS:			
CITY: <b>KANSAS CITY</b>		STATE: <b>MO</b>	ZIP: <b>64114</b>
EMAIL: <b>drbeckadvocates@gmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>1/23/2024 1:08 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Dear Chairperson Haden and Members of the Healthcare Reform Committee: Missouri has solid telehealth statutes. HB 1907 would make them stronger and more responsive to patient needs. Speaker Plocher has identified a priority of protecting access to health care in this year's legislative session. Telehealth has become a critical tool in the delivery of healthcare services, both in Missouri and nationally. In our state challenged by a lack of access to mental and behavioral health services, treatment delivered through both audio-visual and audio-only telehealth is a therapeutically beneficial, convenient, and cost-effective means to treat a large range of serious health concerns. HB 1907 cleans up and enhances existing telehealth law in 2 ways. 1. Audio-Only: The continued availability and reimbursement of audio-only telehealth is no longer guaranteed with the end of the pandemic state of emergency. Audio-only is a critical tool for: • Missourians living in rural areas without a strong internet infrastructure. The Federal Communications Commission estimates that 147,000 Missouri households do not have access to high-speed internet. • Missourians who cannot afford expensive computers, tablets, or smartphones. • Missourians who have trouble operating more complex technology (e.g. senior citizens). • Providing a back-up option for audio-visual platforms to preserve appointments that may lose connectivity before the appointment is completed. Both Medicare and Medicaid have incorporated protections for audio-only telehealth in their post-pandemic emergency healthcare regulations. Many states have now authorized audio-only telehealth, including surrounding states like Illinois, Kentucky, Arkansas, Iowa, and Nebraska. The U.S. Department of Health and Human Services released guidance confirming that audio-only telehealth is easily HIPAA compliant when using essentially the same reasonable safeguards used with audio-visual telehealth. 2. Third-Party Platforms: Some insurance companies have experimented with unfairly forcing providers to use third-party platforms. Some insurance companies have sought to increase profits by requiring providers to use only certain telehealth platforms authorized by their companies. This has resulted in an unreasonable burden on providers who are suddenly saddled with additional expenses and the need to use multiple platforms with different rules and operating procedures. As one psychologist put it, "Can you imagine? You have to use a different platform every hour because insurance company A requires one platform and insurance company B requires a different one." Due to the confusing process and high cost associated with this activity, several states have put an end to the practice. Action Requested: Please vote Do Pass on HB 1907. Thank you, The Missouri Psychological Association



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>1/23/2024 10:59 PM</b>

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**I am in Support of this Bill and its intent to include Audio, visual and Telehealth Services by ALL parties, with definitions.**



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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>BILL ANDERSON</b>		PHONE NUMBER: <b>573-893-3700</b>
REPRESENTING: <b>MISSOURI HOSPITAL ASSOCIATION</b>		TITLE:
ADDRESS: <b>4712 COUNTRY CLUB DR</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65109</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/23/2024 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>BRIAN BERNSKOETTER</b>		PHONE NUMBER: <b>573-636-2822</b>	
REPRESENTING: <b>MISSOURI ACADEMY OF FAMILY PHYSICIANS</b>		TITLE:	
ADDRESS: <b>101 E. HIGH</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/23/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CARLA BURKE PHD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>carla@newlenskc.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/19/2024 6:01 PM</b>

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I specialize in Geropsychology and historically that was a small part of my practice; transportation is often an issue for those clients. They also often move in with children in later years or are in independent living with very limited transportation options if any. This demographic also tends to have many health and disability issues. As substance abuse, mood disorders, anxiety, as well as a very high suicide rate are well researched area, they are an important demographic to serve. Since COVID, and telemedicine, I have been of greater service to these clients. Also, disabled and young professionals who travel were able to receive services as telehealth resources grew. My overhead costs are even higher now and my rent, a small office space has risen from 900.00 to 1200.00 a month. All my overhead is the same in spite of the misinformation that telehealth requires less overhead. If rates for telehealth are not equivalent to in person.... My costs will prohibit me from taking on these clients in the future. This is a fact; access to services will suffer. Dr Carla Burke; Missouri Licensed Psychologist



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>CASSIE BROWN</b>		PHONE NUMBER: <b>573-635-6935</b>	
BUSINESS/ORGANIZATION NAME: <b>NATIONAL ASSOCIATION OF SOCIAL WORKERS MISSOURI CHAPTER</b>		TITLE: <b>EXECUTIVE DIRECTOR</b>	
ADDRESS: <b>PO BOX 2043</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/23/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>CHUCK HOLLISTER</b>		PHONE NUMBER: <b>417-227-0960</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI PSYCHOLOGICAL ASSOCIATION</b>		TITLE: <b>CEO</b>	
ADDRESS: <b>1051 S FREMONT AVE</b>			
CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65804</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/23/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>DR. BRIAN SHEBLE</b>		PHONE NUMBER: <b>314-302-3594</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI MENTAL HEALTH COUNSELING ASSOCIATION &amp; MISSOURI ASSOCIATION OF SCHOOL PSYCHOLOGISTS</b>		TITLE: <b>PAST PRESIDENT AND TREASURER</b>	
ADDRESS:			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63044</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/23/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>GARRETT WEBB</b>		PHONE NUMBER: <b>219-229-1104</b>	
REPRESENTING: <b>MISSOURI CHAPTER, AMERICAN ACADEMY OF PEDIATRICS; PHOENIX HOME CARE</b>		TITLE: <b>REGISTERED LOBBYIST</b>	
ADDRESS: <b>710A SOULARD STREET</b>			
CITY: <b>SAINT LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63104</b>
EMAIL: <b>webb@coestrategies.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>1/22/2024 9:50 AM</b>	
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The Missouri Chapter, American Academy of Pediatrics, representing more than 1,100 physicians, trainees and pediatric-provider members throughout the state, strongly supports the added flexibility of audio-only telehealth platforms for families seeking medical care. Phoenix Home Care, the largest provider of home health care in Missouri, strongly supports the inclusion of audio-only telehealth as part of a patient's plan of care.



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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>HEIDI LUCAS</b>		PHONE NUMBER: <b>573-616-2740</b>
REPRESENTING: <b>MISSOURI RURAL HEALTH ASSOCIATION</b>		TITLE:
ADDRESS: <b>PO BOX 232</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/23/2024 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>JAY HAHN</b>		PHONE NUMBER: <b>573-634-3415</b>
REPRESENTING: <b>MO ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS</b>		TITLE:
ADDRESS: <b>1423 RANDY LN</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/23/2024 12:00 AM</b>
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<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JEANETTE MOTT OXFORD</b>		PHONE NUMBER: <b>314-289-4303</b>	
BUSINESS/ORGANIZATION NAME: <b>PARAQUAD</b>		TITLE: <b>PUBLIC POLICY &amp; ADVOCACY MANAGER</b>	
ADDRESS: <b>5240 OAKLAND AVENUE</b>			
CITY: <b>SAINT LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63110</b>
EMAIL: <b>joxford@paraquad.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/22/2024 4:30 PM</b>	
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Paraquad headquartered in St. Louis City is one of the oldest and largest independent living centers in the country. Centers for Independent Living are unique because more than 50% of our board and staff are people with disabilities, and it is essential that the voices of personally impacted people be heard. One of our public policy priorities for 2024 is: "People with disabilities should have access to quality, affordable health care that meets their needs." We believe a robust telehealth system is part of delivering on this priority. Those who are blind or deaf can especially benefit from the clarification in HB 1907. We thank Rep. Stinnett for sponsoring this legislation, and we ask you to vote Do Pass.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JESSICA GERFEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: <b>jessica.gerfen@uhsinc.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>1/23/2024 1:15 PM</b>

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Thank you Representative Haden and members of the Healthcare Reform Committee. My name is Dr. Jessica Gerfen. I am a Licensed Psychologist in the state of Missouri, as well as the CEO of St. Louis Behavioral Medicine Institute. We call it SLBMI for short. It is based out of St. Louis and Chesterfield Missouri. I urge you to support of HB 1907, Telehealth Services which preserves parity for audio-only telehealth. I am so proud of the fact that Missouri has been in the forefront of telehealth innovation for years. It was one of ten states which allowed for true telehealth payment parity before the pandemic. This meant that myself and other providers across Missouri were able to quickly shift to telehealth during the pandemic and we knew we would be paid for our services, without being financially negative impactful to our patients. For SLBMI, we have over 60 Missouri licensed Psychologists, Psychiatrists, and Master's level clinicians. We serve between 8 to 10,000 patient visits per month and we provide specialty outpatient and intensive outpatient behavioral health care with 95% of our population being insured. Being able to meet patients literally where they are has saved lives, expanded access, and destroyed some of the artificial barriers to treatment. Telehealth is the new norm in healthcare delivery. Why I am asking you to support HB 1907 is because I know that there are many Missourians who have been helped by audio-only telehealth. And I know because I have been part of helping them the last couple of years. Speaking for just SLBMI alone, the mental health treatment that Missourians have received through audio-only means is life changing and likely otherwise never have been received. We have patients who can't drive to St. Louis for treatment, who have loved ones at home that they take care of and can't be left alone, or are patients are medically ill themselves. For patients do not have reliable internet access. I know that Missouri is working so hard and spending a lot of resources in bringing high speed internet to all of the state. This is wonderful but this is going to take time and there are people in Missouri who need the help now. What I also know that, even when the state accomplishes this, there are still going to be a lot of people who cannot afford smart phones. And for the people who can afford them, not everyone knows how to use them. I don't know if you have ever tried to teach someone who doesn't know anything about technology how to turn on their video in a telehealth session. But let me tell you, it's hard. For myself, I am a Psychologist, I did not go to school for IT. Trying to guide someone on how to turn on their video, is difficult and stressful for everyone involved. And honestly this is not what I am there for. I am there to help them with their anxiety, their depression, or how to cope with their medical conditions. Whether or not they can turn on their video is not clinically relevant in a lot of cases to what the session is about. The session is about healing, not about completing the task of turning their video on. It hurt me recently to tell the providers who work at SLBMI that there are insurance companies in Missouri who are no longer paying for audio-only telehealth. It hurt because it meant that that there are people who no longer can be helped by us. And it hurt because I don't understand why. The Centers for Medicare and Medicaid have confirmed that audio-only telehealth is a safe, cost effective, and therapeutic means to provide behavioral health

**treatment but our patients without smart phones and internet in Missouri are being left behind.It is imperative that we support initiatives that uphold the availability of telehealth, please support HB 1907. Sincerely,Jessica Gerfen, PhD314-881-3431Jessica.Gerfen@uhsinc.com**



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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>JESSICA PETRIE</b>		PHONE NUMBER: <b>573-635-6044</b>
REPRESENTING: <b>MISSOURI ASSOCIATION OF RURAL HEALTH CLINICS</b>		TITLE:
ADDRESS: <b>124 1/2 E HIGH ST</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL: <b>jessica@wintonpolicygroup.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/23/2024 3:13 PM</b>
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>KATHI HARNESS</b>		PHONE NUMBER: <b>573-634-5200</b>
REPRESENTING: <b>ST. LUKE'S HEALTH SYSTEM</b>		TITLE:
ADDRESS: <b>PO BOX 2302</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/23/2024 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>KYNA IMAN</b>		PHONE NUMBER: <b>314-651-1185</b>
REPRESENTING: <b>MO NURSES ASSOCIATION</b>		TITLE:
ADDRESS: <b>P.O. BOX 1483</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/23/2024 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARY CREMER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>marycremer@mchsi.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/22/2024 2:02 PM</b>
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Telehealth can be a big help for follow up appointments for surgeries done several hours away. It can also be helpful for annual appointments that the patient may not have a specific need, but will save on drive time, etc. If the Dr and patient are both in agreement with this type of an appointment, then it can be a good tool.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>MichaelWesten.3up@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/23/2024 3:16 PM</b>

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I support HB 1907 in its original form. This bill simply allows medical providers more flexibility in how they diagnose their patients. It simply allows medical providers to add another tool to their toolbox. It simply expands and improves access to healthcare by Missourians. It does not mandate that any medical provider has to use any particular tool available to them. Too many Missourians either don't know how to operate "smart" technology, don't have access to a computer or smart phone, don't have access to high speed internet, or don't have access to reliable and affordable transportation. An audio-only option would be a huge benefit to such Missourians. I do NOT support any change/amendment to this bill that would require an in-person session before an audio-only session.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1907</b>		DATE: <b>1/23/2024</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>REBECCA ELIZABETH AGUAYO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rebecca.elizabeth89@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/19/2024 4:23 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a physician providing telehealth services, the ability to provide remote care to many of the elderly is severely hampered by requiring video access. I trust the patient's verbal report of their blood pressure and their blood sugar. The mental gymnastics required to assess the information by verbal report is the same over the phone as it is in the clinic; no video is required. I do not want to limit services that I can safely provide my patients simply due to video limitations or technological limitations. If the patient is low on data and has poor video connectivity or cannot pay their internet bill and thus video is not working, I do not cancel on my patient simply because I cannot charge for the visit without video, because the visit can be completed over the phone in many instances. I do not wish to lower access to my patients when telehealth was intended to increase access.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RICK JAY SHORT, JR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sebastiansd@live.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>1/23/2024 11:41 AM</b>
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My name is Dr. Jay Short, and I am a licensed clinical psychologist in the state of Missouri. I am also a Licensed Professional Counselor holding the license in both the state of Texas and Missouri. I am here today as a private psychologist asking for your support of HB 1907 adjusting the definition of telehealth services to include audio-only technologies. I work both at a federally qualified health center providing behavioral health services in primary care and as a testing psychologist. In both settings, my patients and clients have benefitted from the ability for me to provide audio-only telehealth. Specifically, individuals who have had structural barriers related to lack of digital literacy, physical medical conditions preventing them coming into the clinic, transportation issues, and geographic limitations (e.g., rural) have benefitted from audio-only telehealth. This has helped me to provide psychological interventions, psychological assessments, and conduct clinical interviews for individuals who might otherwise not receive these services. Audio-only telehealth specifically benefits underserved populations as they are more likely to use this modality due to barriers such as transportation issues, finding care for children and other individuals, wait times, a lack of providers in rural regions, less access to digital devices such as smartphones, laptops, and broadband internet (Chen et al., 2021; Karimi et al., 2022; Payan et al., 2022). Further, the health disparities for those with barriers to accessing care may be exacerbated if their access to audio-only telehealth services are limited or eliminated (Odukoya et al., 2022). Audio-only telehealth studies have been found to be efficacious in reducing symptoms of depression, anxiety, PTSD symptoms, eating disorders, and OCD symptoms (Chen et al., 2022). Further, studies of audio-only telehealth have found that this telehealth modality increases treatment adherence, reduces drop-out rates in PTSD treatment, and increases show rates for psychological assessment visits (Caze et al., 2020; Chen et al., 2022). In one study, audio-only telehealth visits made up a significant portion of visits (45%), and underserved populations tended to utilize this modality (Chen et al., 2021). References Brenes, G. A., Danhauer, S. C., Lyles, M. F., Hogan, P. E., & Miller, M. E. (2015). Barriers to mental health treatment in rural older adults. *The American Journal of Geriatric Psychiatry*, 23(11), 1172-1178. <https://doi.org/10.1016/j.jagp.2015.06.002> Caze, T., Dorsman, K. A., Carlew, A. R., Diaz, A., & Bailey, K. C. (2020). Can you hear me now? telephone-based Teleneuropsychology improves utilization rates in underserved populations. *Archives of Clinical Neuropsychology*, 35(8), 1234-1239. <https://doi.org/10.1093/arclin/acia098> Chen, J., Li, K. Y., Andino, J., Hill, C. E., Ng, S., Steppe, E., & Ellimoottil, C. (2021). Predictors of audio-only versus video Telehealth visits during the COVID-19 pandemic. *Journal of General Internal Medicine*, 37(5), 1138-1144. <https://doi.org/10.1007/s11606-021-07172-y> 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> Karimi, M., Lee, E.C., Couture, S.J., Gonzales, A.B., Grigorescu, V., Smith, S.R., De Lew, N., and Sommers, B.D. National

**Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services. (Research Report No. HP-2022-04). Office of the Assistant Secretary for Planning and Evaluation, U. S. Department of Health and Human Services. February 2022.**

**Odukoya, E. J., Andino, J., Ng, S., Steppe, E., & Ellimoottil, C. (2022). Predictors of Video versus Audio-Only Telehealth Use among Urological Patients. *Urology practice*, 9(3), 198–204. <https://doi.org/10.1097/UPJ.0000000000000301>**

**Payán, D. D., Frehn, J. L., Garcia, L., Tierney, A. A., & Rodriguez, H. P. (2022). Telemedicine implementation and use in community health centers during COVID-19: Clinic personnel and patient perspectives. *SSM - Qualitative Research in Health*, 2, 100054. <https://doi.org/10.1016/j.ssmqr.2022.100054>**

**Rowen, J., Giedgowd, G., & Baran, D. (2022). Effective and accessible telephone-based psychotherapy and supervision. *Journal of Psychotherapy Integration*, 32(1), 3–18. <https://doi.org/10.1037/int0000257>**



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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>LISA PANNETT</b>		PHONE NUMBER:
REPRESENTING: <b>ARMORVINE</b>		TITLE:
ADDRESS:		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL: <b>lzpannett@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>1/22/2024 8:25 PM</b>
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**There is a concern that audio-only could be interpreted to be a cell phone. This should be more clearly defined.**