

MINUTES

Leverage Telehealth and Telemedicine Task Force



Senator Deb Soholt, Chair
Representative Herman Otten, Vice Chair

**First Meeting, 2019 Interim
Wednesday, July 17, 2019**

**Room 413 – State Capitol
Pierre, South Dakota**

The first meeting of the Leverage Telehealth and Telemedicine Task Force was called to order by Senator Deb Soholt (Chair) at 10:03 a.m. CDT, on July 17, 2019, in Room 413 of the State Capitol, Pierre, South Dakota.

Senator Soholt announced that Ms. Tiffany Wolfgang, Department of Social Services, was attending today's meeting in place of Ms. Amy Iversen-Pollreisz, who was appearing before the Redefine Nursing Home Criteria and Build Capacity Task Force.

A quorum was determined with the following members answering the roll call: Senators Deb Soholt (Chair) and Jim Stalzer; Representatives Linda Duba and Herman Otten (Vice Chair); and Brian Erickson, Amy Hartman, Rebecca Kiesow-Knudson, Susan Kornder, Dr. Melita Rank, Kelly Serr, and Tiffany Wolfgang. Representative Tamara St. John was excused.

Staff members present were Clare Charlson, Principal Research Analyst and Kelly Thompson, Senior Legislative Secretary.

NOTE: For purpose of continuity, the following minutes are not necessarily in chronological order. Also, all referenced documents distributed at the meeting are attached to the original minutes on file in the Legislative Research Council (LRC) office. This meeting was webcast live. The archived webcast is available at the LRC website at sdlegislature.gov.

Opening Remarks: Scope of Study, Study Process and Progression

Senator Deb Soholt, Chair, asked each member to comment on his or her experience or expertise as it relates to the committee. The membership includes representatives from organizations that currently provide telehealth services, behavioral health service agencies and centers, law enforcement, education, tribal health services, and cybersecurity and technology.

The Leverage Telehealth and Telemedicine Task Force is one of five task forces created by the passage of Senate Concurrent Resolution 2 by the 2019 Legislature. The legislation was proposed by the Access to Mental Health Services Interim Study Committee in 2018. The other task forces are Redefine Acute Mental Health Hospitalization, Reduce the Overall Use of Acute Mental Health Hospitalizations, Redefine Nursing Home Criteria and Build Capacity, and Increase Community Services and Caregiver Supports. The groups are required to report their recommendations to the Legislature by December 31, 2019. Because issues and data may overlap, the chairs are keeping in contact with each other and LRC staff to share information and to avoid replicating efforts. It is likely joint recommendations will be made to the Legislature.

The scope of the Leverage Telehealth and Telemedicine Task Force is to find ways to use technology to the greatest extent possible while focusing on the areas of acute assessment and crisis supports, mental health assessments, and counseling. Senator Soholt advised of the need to look at virtual strategies to provide the same standard of care no matter where in South Dakota an individual lives.

Future task force meetings are scheduled for August 27, September 24, October 23, and November 6. Senator Soholt asked members to share with her the issues they feel should be raised based on the discussion at this initial meeting. That input will be used to drive discussion at subsequent meetings. The second meeting will tentatively focus on what is happening in Indian country in terms of mental health services, involuntary commitment issues, grant funding, and the statewide trajectory necessary to better develop telehealth services. In September, the group will begin to prioritize what they want to accomplish and discuss how to approach and fund those priorities. Child maltreatment and aging services may also be discussed. Remaining meetings will focus on possible legislation.

Recap of 2018 Interim

Senator Soholt reiterated statistics presented at the August 7, 2018 meeting of the Access to Mental Health Services Study Committee relating to the Mobile Crisis Team (MCT) services available in Pierre, Rapid City, and Sioux Falls. A mobile crisis team is called out on law enforcement calls when a person is exhibiting behavior that meets the criteria for an involuntary mental health hold. The purpose of the team is to de-escalate crisis situations and decrease the impact of mental health emergencies.

In calendar year 2017, there were 606 calls to an MCT, 534 to which a team responded. Of the individuals affected, 450 remained at home to connect with services in their area, 40 did voluntary admission to a behavioral health hospital, and 30 went into a mental health hold.

Senator Soholt said in order to change access to mental health services, it is necessary to look at the available staff and services and find ways to use them more effectively. She noted that the Reduce the Overall Use of Acute Mental Health Hospitalizations Task Force will be working on a triage system for regional centers and asked the members of the task force to consider how telehealth and telemedicine fits into triage screening and plan development.

Review of Relevant Current State Law

Ms. Clare Charlson, Principal Research Analyst, LRC, provided information on South Dakota's current laws regarding telehealth services ([Document 1](#)). South Dakota has been a member of the Interstate Medical Licensure Compact (IMLC) since 2015. IMLC includes 29 states and allows qualified physicians to be licensed in multiple states, giving South Dakotans the opportunity to receive telehealth services from out-of-state physicians.

The 2019 Legislature passed two bills regarding telehealth services. Senate Bill 136 defined telehealth as "the use of secure electronic information, imaging, and communication technologies by a health care professional to deliver health care services to a patient." It also clarified who can treat a patient through telehealth and what is required of a health care provider who utilizes telehealth. Senate Bill 137 concerned health insurance coverage for telehealth services, specifying that a health insurer could not exclude a

service for coverage solely because it was provided through telehealth. It further provided guidelines for covered services and health insurer provisions. Both bills became law on July 1, 2019. The requirements of Senate Bill 137 apply to insurance policies, contracts, certificates, and plans delivered on or after January 1, 2020.

Ms. Charlson advised that prescribing drugs via telehealth may be a weak area in state law.

Senator Soholt said other mental health laws including those regarding triage should be reviewed prior to the August 27 meeting. Another issue to consider is the definition of provider-patient relationship as it relates to telehealth, and whether statutes will need to be written for areas such as maintaining patient charts and records, and emergency response standards.

Statewide Virtual Capacity and Forthcoming Enhancements

Mr. Pat Snow, Commissioner, Bureau of Information and Telecommunications (BIT), told the task force that SDN Communications, Midco, and independent phone companies have a progressive digital strategy to provide internet access to their customers. While most communities have good access, gaps exist in rural areas, and a small return on investment for carriers to build such services out for scattered or sparse customers can be a problem. Currently, seven programs statewide are receiving funding to provide services to over 6,000 households and more than 120 businesses. Mr. Snow said a further strategy will need to be developed by the administration to provide funding to close remaining service gaps. Senator Soholt requested a map from BIT indicating areas of good connectivity versus gap areas for virtual services, and a timeline for achieving adequate connectivity statewide. Mr. Snow replied that the information will be made available to members.

Representative Duba asked what quality coverage will look like in remote areas and when it will be available. Mr. Snow responded coverage must meet broadband specifications although most carriers are looking far beyond the minimum requirements. Allowing for providers to develop engineering plans and secure the necessary permissions, fiber should be going into the ground before the first hard freeze this fall. Projects are currently underway in Codington, Clay, Davison, Dewey, Hughes, Minnehaha, and Union counties.

Mr. Erickson inquired as to what percentage of South Dakota currently lacks internet service. Mr. Snow replied such a number does not exist as it is measured at the subscriber level which shows what internet speed is available in a specific area not how much is consumed in that area. Senator Soholt asked that Mr. Snow return for the August meeting to expand on the information provided.

Mr. Serr wondered how a secure service over a normal internet connection would function for telehealth purposes. Mr. Snow responded there are several services available that follow HIPAA standards, and identity and encryption are important factors.

Representative Duba commented that, of the 6,000 households that will be served under the current buildout, it is not known how many of those customers will be able to afford internet access. Mr. Snow agreed but said from what he has seen, the carriers are offering standard rates for service. Senator Soholt

noted that, in expanding telehealth services statewide, having adequate internet access does not guarantee that people in remote and rural areas will use it.

Senator Stalzer inquired about the status of SpaceX's plan for faster internet service. SpaceX is an aerospace manufacturer promoting a low-orbit satellite network capable of providing reliable and affordable broadband internet services. Mr. Snow said while the technology appears to work, timelines and funding sources are unknown.

Representative Otten asked if the carriers that have information on the costs of providing service to rural areas are sharing those numbers with state officials; he commented that information would be helpful in determining what grants or other funding programs are needed. Mr. Snow replied the buildout costs and service levels were provided. Representative Otten said he would like to know what additional dollars are needed to make it feasible to provide better service to gap areas.

Public Testimony

Mr. Greg Dean, Director of Industry Relations, South Dakota Telecommunications Association, shared a map ([Document 2](#)) that showed the service areas for the 18 telecommunications companies represented by his organization. Those companies serve about 75 percent of South Dakota with almost 2/3 of those customers having fiber-based connections. By 2021, there will be fiber-based connection services in nearly 93% of company service areas. From 2013 to the end of 2021, collectively, the 18 companies expect to spend over \$700 million for capitol infrastructure costs. Mr. Dean said video will become an essential part of health care services, and telecommunications companies take seriously the role they play in providing the connectivity for its use.

Mr. Dean said very few communities in South Dakota are struggling to receive quality internet service; the need is in rural and remote areas. Senator Sohlt asked about the population-based percentage of customers still without fiber-based connections. Mr. Dean replied he did not have a specific number at this time but could get the information for her. He noted the telecommunications companies collectively serve over 100,000 hard phone lines but the number is decreasing.

Current Availability of Virtual Mental Health Services & Available Grants

Ms. Tiffany Wolfgang, Director, Division of Behavioral Health Services, Department of Social Services (DSS), reported on publicly funded behavioral health programs ([Document 3](#)) involving community mental health centers, substance use disorder treatment providers, and prevention agencies.

In fiscal year 2015, a pilot program began offering substance use disorder telehealth services to adults in the justice involved population. The programming was implemented statewide in fiscal year 2016 and the services were expanded to include the youth justice involved population the following year. Since fiscal year 2017, telehealth services have been expanded to include individual and family therapy, and the non-justice involved population.

Telehealth services that are eligible to be provided through the publicly funded behavioral health system fall into two categories: substance use services and mental health services. Substance use services include

assessments, counseling (individual, group, and family), crisis intervention, and early intervention. Mental health services are medication management, psychiatric services (evaluation, intake, screening, and testing), and therapy (individual, group, and family).

Ms. Wolfgang stressed the importance of ensuring that providers have the skills and equipment they need to offer telehealth services. DSS partners with other organizations and agencies to offer training via webinars, conferences, and technology-based programs. The training is attended by Division of Behavioral Health Services staff as well as associations and mental health professionals. Areas of need to improve and expand telehealth services include equipment, technical support, broadband services, and workforce development.

Future priorities for the division involve partnering with federally-funded Technology Transfer Centers (TCC) which provide states with technical support and training, and utilizing a Mental Health Block Grant Priority Indicator to determine how federal funding can best be used to increase services and support annual training.

Representative Duba asked if online training is required and whether participants receive certification. Ms. Wolfgang replied training is required by contract, but those who take it currently do not get certified for doing so.

Ms. Kiesow-Knudson inquired about the number of units of service for telehealth statewide. Ms. Wolfgang said data is currently being compiled for fiscal year 2019. Senator Soholt asked if block grant information could be provided. Ms. Wolfgang responded that the information could be provided from the billing and code standpoint.

Responding to Senator Soholt on what assistance TCC's provide, Ms. Wolfgang said they help states identify needs regarding programs and training in the areas of mental health, addiction, and prevention. South Dakota has partnered with them on several initiatives including a webinar series, surveying professionals for input on developing training programs, and securing ongoing funding. DSS also applies for Mental Health Block Grants and looks for opportunities for other federal grants that fund infrastructure and capitol investments to deliver telehealth services.

Statewide Perspective on the Development of Virtual Mental Health Services

Senator Soholt provided members with a Mental Health Services Pyramid ([Document 4](#)) that was utilized by the Access to Mental Services Interim Study Committee. While expenses and resources are currently concentrated in those areas providing specialized services and housing, the goal is to improve early prevention efforts and get people the resources they need closer to home.

Ms. Rebecca Kiesow-Knudson, Vice President of Community Services, Lutheran Social Services (LSS), reviewed the history and services offered by the organization ([Document 5](#)). LSS has provided mental health services since 1962 and has primary offices in Aberdeen, Rapid City, Sioux Falls, and Watertown with satellite locations in five other communities.

LSS became involved with telehealth in 2014 through the Criminal Justice Initiative and Cognitive Behavioral Interventions for Substance Abuse (CBISA) group services. Ms. Kiesow-Knudson stated 60 percent of their caseload has lacked access to the technology they need to participate in group services. Her organization used private grant funding to provide tablets and hot spot devices to meet that need. Demand has increased steadily since the services were implemented and in fiscal year 2019, individuals from 114 communities in the state were served. Telehealth services include Moral Reconciliation Therapy, Aggression Replacement Training, Juvenile CBISA, and traditional individual mental health counseling.

Telehealth services are provided through the audio and video conferencing app Microsoft Zoom. Ms. Kiesow-Knudson said the app eliminates barriers to service based on geography and mobility, the technology costs are relatively inexpensive, and it is a feasible alternative for smaller mental health providers. She stressed that the state has done a good job of looking at outcomes for telehealth and the quality of services is not jeopardized by delivering them in a telehealth format.

Challenges to providing telehealth services include ongoing technology expenses (equipment, data charges), the risk of improper client use of equipment (tablets can be locked down to deter browsing on inappropriate sites or illegal activity), administrative oversight, and engaging with resistant clients.

Dr. Rank asked how many units of service were billable back to LSS and if limitations existed based on the patient's proximity to the services. Ms. Kiesow-Knudson said there were 4,000 units of service in telehealth that were billable in fiscal year 2019. Some limitations do exist, but the focus is more on rural areas than metropolitan areas.

Mr. Serr inquired about technical support barriers and the rate of equipment loss. Ms. Kiesow-Knudson replied the need for technical support varies among individuals. Written instructions and a short walkthrough on equipment use is provided; the possibility exists for sending technical support in person if needed. Equipment loss has been minimal as has abuse of equipment considering services are being provided to a justice population.

Senator Sohlt wondered if the equipment is delivered directly to the individual. Ms. Kiesow-Knudson clarified probation officers generally take it to the client. Some other users receive telehealth services via their own technology. The senator then asked if outcome data could be provided and whether tablets could be provided to law enforcement officers or installed in their vehicles.

Mr. Serr expressed concern about how telehealth could be utilized in the field and that such services may not always work as well as face-to-face intervention in situations requiring de-escalation. Ms. Kiesow-Knudson said LSS has not used it in a crisis situation.

Senator Sohlt remarked the initial appointment with the client must happen face-to-face but virtual means could be used for subsequent interaction. Ms. Kiesow-Knudson said LSS believes a connection needs to be formed between the provider and the client but using telehealth can make that connection stronger because the client is being met in their home environment.

Avera eCARE Services and Recent Grants

Mr. Brian Erickson, Behavioral Health Officer, Avera eCARE, presented information on Avera's telemedicine services over the past 25 years. In the past five years, the system's infrastructure has been moved to a "virtual hospital" providing telemedicine services to nearly 500 locations in 30 states.

In the area of behavioral health, the first services offered were assessment services for emergency departments. When an individual exhibiting possible mental health issues is brought into an emergency room for assistance, Avera eCARE assists the local providers with patient assessment for the safety of the individual and staff. The goal of the program is not to replace a facility's staff but to leverage their workforce by providing professional support.

Mr. Erickson said through a grant from the Helmsley Charitable Trust, his organization was able to institute a pilot program in Brookings County to provide mobile crisis resources for emergency providers. A demonstration was provided to the task force.

A mounted tablet is installed in an officer's police car. Law enforcement is called with a report of a person in crisis. While the officer has the individual in the vehicle, the officer can use the tablet to access specialized medical personnel through Avera eCARE. If, for example, the person has threatened suicide, a social worker can be connected with the person via video to conduct a face-to-face assessment. Through that interaction, the individual's level of distress can be de-escalated and a safety plan can be devised, if needed, using available resources in the community. A follow-up call is made with the person within 24 hours of the assessment.

Data from the pilot program including travel costs, costs of mental health encounters, and information from the CAD systems will be reviewed. The technology used will also be assessed for performance and connectivity. Mr. Erickson said, based on the data received in the next eight to ten months, the pilot program may be expanded to other locations. Senator Soholt requested statistics on the outcome of the pilot program. Mr. Erickson said the information would be made available.

Mr. Serr inquired if the service would be available to law enforcement 24/7, and what the wait time would be for an officer to access a mental health professional. Mr. Erickson confirmed the assistance is available around the clock and the connection to Avera eCARE would take roughly 30 seconds. Responding to Mr. Serr on how the service would deal with an individual impaired by drugs or alcohol, Mr. Erickson said the staff person doing the assessment will determine if the person is coherent or incapacitated and if the person needs immediate hospitalization.

Mr. Serr wondered if the officer has the option to call a local mental health provider as opposed to Avera. Mr. Erickson said the goal is to provide consistent service and care throughout the system and local capabilities may not exist in all areas of the state. Senator Soholt commented that the service is more a "virtual emergency room" in the field to have the right person helping with the assessment and de-escalation of the situation, and it is important to look at all options for how telehealth can be used.

Representative Duba asked if the individual being assessed understands the person onscreen is a mental health professional. The Avera staff person (Megan) conducting the demonstration replied that the

introduction is made by law enforcement but if the person seems confused or disoriented, she will introduce herself a second time and explain why she is speaking with the person.

Ms. Hartman wondered if since the person onscreen is the first contact the individual has for mental health services, the person would want the follow-up contact to be with that same person. Megan responded that it is a possibility since rapport will have been established. The follow-up can be handled by any of the qualified staff members.

In terms of the technology involved, Mr. Serr advised that a federal program is being implemented to provide cell service to emergency responders which could help with internet service issues in South Dakota. Senator Soholt wondered about confidentiality and security concerns surrounding hot spot use for telehealth services. Mr. Erickson said the software is encrypted.

Senator Soholt asked about grant opportunities for telehealth projects. Mr. Erickson replied grants are offered through various resources such as the Helmsley Charitable Trust, ECHO (Extension for Community Health Care Outcomes), and Triage.

Virtual Mental Health Services Available at Community-based Mental Health Centers

Ms. Susan Kornder, Executive Director, Northeastern Mental Health Center (NEMHC), talked about the difficulties clients experience in getting to a mental health center, the problems in getting staff to clients' homes to provide services, and the challenges of staffing shortages. She commented that telehealth services can help to alleviate these issues ([Document 6](#)).

Community mental health centers currently use telehealth to support clinical services for telepsychiatry, substance use disorders, and mental health in 24 South Dakota counties. Two centers have jointly applied for a grant to expand telehealth services to 25 schools in nine southcentral and southeastern counties, and several others are partnering to expand medication-assisted treatment telemedicine services.

Within Ms. Kornder's specific center, local funding was used to purchase equipment for Microsoft Zoom capability. Staffers in the outlying areas of the ten counties served by the center have developed good relationships with local governments and churches to find locations patients can use to access telehealth services if they do not have adequate connectivity at home.

Senator Soholt asked about the scope of services offered by the center. Ms. Kornder confirmed that telehealth is provided in all ten counties for group treatment, mental health, and substance use disorders. They do not currently provide crisis response intervention services, although they have the capability. The center's main goals are to be fully-staffed, provide necessary services, and find funding. Senator Soholt inquired if a group business plan for all community mental health centers exists to move in that direction. Ms. Kornder responded that each center has its own plan. Ms. Wolfgang said the state has removed administrative barriers and can help centers with infrastructure. DSS's long-term goal is to provide referral services to community mental health centers and partner with them when possible.

Representative Duba wondered about the staffing challenges faced by centers. Ms. Kornder related that her organization has had a position open in Walworth County for over 2-1/2 years and attempted to cover

the shortage by sending an Aberdeen staff member to Mobridge. She conceded it is impossible to recruit employees in some areas.

Mr. Erickson asked if all centers maintain their own budgets. Ms. Kornder responded yes.

Senator Soholt inquired if there is a consistent platform statewide, with all centers offering the same level of service at the same costs. Ms. Kornder replied geographically, centers have different challenges. Ms. Wolfgang advised there are some required services that all community mental health centers must offer, but telehealth is the uncharted area. Her division remains sensitive to local needs and looks for opportunities for the state and local centers to partner to offer needed services.

Senator Soholt said the issues Ms. Kornder spoke about are not standalone issues and whatever solutions the task force develops should be translatable to multiple situations. There is plenty of work for everyone in improving mental health services, and she is confident the task force will come up with a solid plan and vision for moving forward.

Public Testimony

Mr. Terry Dosch, Executive Director, South Dakota Council of Community Behavioral Health, told the task force the newly formed council is a non-profit association representing 18 different provider organizations. While the group does not envision going completely virtual in everything they do, they want technology to have a major impact in continuity of care, expanding the coverage area for available services, and engaging with people and communities. Mr. Dosch plans to attend as many meetings as possible.

Final Remarks and Next Steps

Senator Soholt commented that forming the task force via resolution was a means to get the right people at the table for the discussion, saying it was important to have experts in the field in the group to help craft good solutions. As the group continues to meet, good data will be essential to develop priorities, identify statutory barriers, and determine best practices.

Representative Otten asked if insurance requirements and lack of training were barriers for individual providers and therapists. Mr. Erickson agreed that cybersecurity insurance requirements could deter such providers from participating in telemedicine.

Mr. Erickson noted there was good collaboration between the members today and everyone seems focused on the same goal.

Ms. Wolfgang said it was important to respect the boots-on-the-ground personnel handling in-person services and that while in-person services aren't available for everyone equally in South Dakota, they can be delivered with quality and integrity through technology.

Representative Duba noted that as an educator, she sees students daily who need mental health services but are unable to receive them because of the disparity between the number of students and the staff

available to help them. Partnership opportunities exist through telemedicine to help people earlier than they can receive services now.

Adjourn

A motion was made by Representative Otten, seconded by Senator Stalzer, that the Leverage Telehealth and Telemedicine Task Force be adjourned. The motion prevailed unanimously on a voice vote.

Chair Soholt adjourned the meeting at 2:27 p.m.