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January 20, 2021

To: Senate Human Services Committee

Re: Support Bill SB 2179: fair reimbursement rates for telehealth services

Esteemed Madam Chair Sen. Lee, Committee members,

My name is Gabriela Balf, MD, I am a psychiatrist with Missouri River Health, a small private practice in Bismarck, ND, and a Clinical Associate Professor at UND School of Medicine. We see people of all ages, especially adolescents and young adults. I personally have practiced telepsychiatry for more than seven years; it is one of the subjects I teach and train students in.

One of the very few benefits this pandemic has brought to our state is the rapid expansion of telehealth services and its universal embracing by the patients.

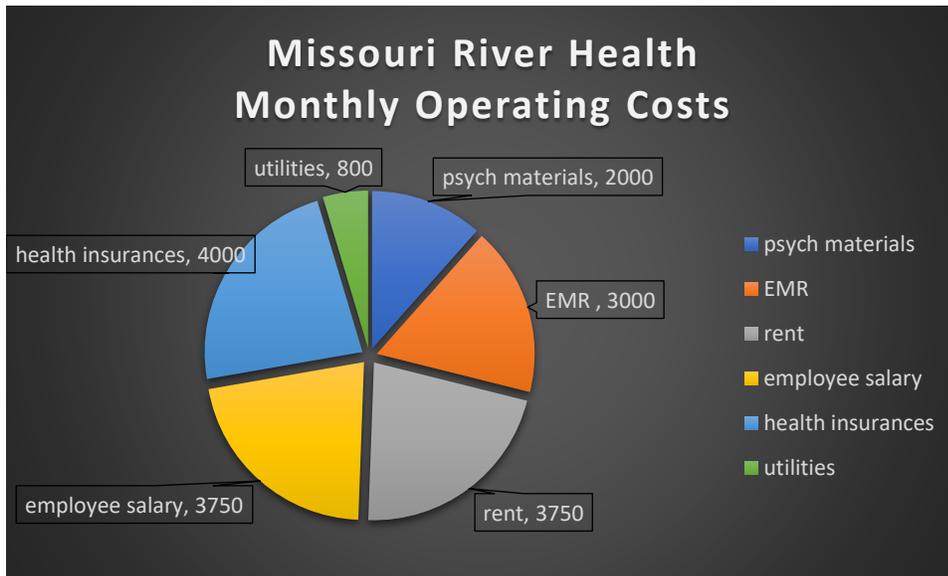
Our patients have expressed gratitude to have this service offered to them while at home, as this has meant, for them, huge relief regarding travel costs, time lost from work and lost wages accompanying their children or their elderly parents.

To give you an example, my 35-year-old woman patient from Bowman (insurance: Medicaid) with five children, had very hard time coming to the office for a half hour follow up. I forfeited her fees several times and I saw her in the peace of her home, because I could not bill for a video appointment with her insurance. As I think of my disadvantaged patients, to whom my heart goes most, it would have been unsustainable to offer this service long-term.

I was able to check on my nursing home, wheelchair bound patient with Parkinson related dementia, when her daughter went there and held up an ipad for a FaceTime visit. I had not seen her in a year because the daughter works full time, the nursing home has difficult time handling my patient, and taking her out of the environment once two years ago prompted such agitation that she had to be hospitalized.

Parents of adolescents with gender issues, PTSD, have been able to bring their kids in front of the computer a lot easier than getting them out of school for a “shrink” appointment.

On the other hand, I have to sustain my practice. Let me show you my expenses:



In terms of expenses, there is no difference for our operating costs between a telehealth visit as compared to in-person visit.

I know telehealth saves the system money indirectly: at least for mental health, the visits are completely replaceable, unnecessary ED visits are avoided. Studies show the cost of an ED visit as \$1734 on average. Not in ND. If ambulance is involved, that is at least \$900 one way.

The studies showing less costs focused on acute conditions like respiratory infections. Longitudinal care for chronic conditions like diabetes, mental health, etc, they would not benefit from episodic interventions from a party that does not have access to your data, nor communicates with your longitudinal clinicians.

Thank you for listening,  
Gabriela Balf-Soran, MD, MPH

Missouri River Health – psychiatrist  
Assoc Clin Prof UND School of Medicine