



**Washington Mental Health Counselors Association**  
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August 11, 2021

Ms. Jane Beyer  
Washington State Office of the Insurance Commissioner  
P.O Box 40258  
Olympia, WA 98504

RE: R 2021-06 telemedicine and audio-only telemedicine services CR-101

Dear Ms. Beyer,

On behalf of the Washington Mental Health Counselor Association (WMHCA), we thank you for the opportunity to comment on the implementation of ESHB 1196 concerning audio-only telemedicine. WMHCA was supportive ESHB 1196 during the legislative process.

WMHCA is an association that serves Licensed Mental Health Counselors in Washington State. Our membership is open to other master's level clinicians, as well. The pandemic has changed our profession drastically as we continue to work towards decreasing the mental health crisis that is happening in our state. Having the ability to provide audio-only services is beneficial to the consumers and will help with the current crisis we as a state are facing.

We seek some clarification around some of the language in the stakeholder draft. The draft states that we must get client (patient) consent to bill for audio-only services. We need more parameters regarding what consent looks like. We would like to be able to obtain verbal consent and document it in the clinical note. Written consents could be problematic and cumbersome for some of the clients we serve. We need the draft language to provide more clarity around how we go about obtaining consent so we can educate our members to increase compliance with that mandate.

The consent requirement also needs clarity when it comes to minors. Do we need to obtain parental consent to bill audio-only? This conflicts with the current legal requirements where minors who are at least 13 years old can seek out their own mental health services. We would like the language to provide some guidance around best practices concerning this matter.

The current language states ***“audio-only telemedicine does not include real-time communication between a covered person and a provider that begins with the use of audio and visual technology but due to unanticipated circumstances must shift to audio-only technology in order to continue communication between the provider and covered person.”***

Licensed Mental Health Counselors encounter this scenario often. Consider adding a clarifying statement saying in those situations the provider may still bill traditional telehealth services.

Thank you for taking time to consider our comments. Please feel free to reach out to me to discuss further at [shannon@wmhca.org](mailto:shannon@wmhca.org) and 317-408-8536.

Sincerely,

*Shannon Thompson MA, LMHC, CMHC, NCC*

Shannon Thompson LMHC, CMHS, NCC  
Education and Advocacy Director  
Washington Mental Health Counselor Association