75th OREGON LEGISLATIVE ASSEMBLY - 2009 Regular Session MEASURE: SB 24 A

STAFF MEASURE SUMMARY CARRIER: Rep. Kennemer

**House Committee on Health Care** 

**REVENUE:** No revenue impact **FISCAL:** Fiscal statement issued

**Action:** Do Pass **Vote:** 10 - 0 - 0

Yeas: Bruun, Cannon, Dembrow, Garrett, Harker, Kennemer, Kotek, Maurer, Thompson, Greenlick

Nays: 0 Exc.: 0

**Prepared By:** Sandy Thiele-Cirka, Administrator

**Meeting Dates:** 5/11, 5/27

**WHAT THE MEASURE DOES:** Requires health benefit plans to provide coverage of medically necessary, evidence-based telemedical health services, if health service is otherwise covered by the benefit plan. Establishes that telemedicine not be limited to medically underserved areas or areas where there is a shortage of specialists.

## **ISSUES DISCUSSED:**

- Benefits of telemedicine with shortage of healthcare providers
- Impact on rural and underserved communities
- Interim stakeholder workgroup
- Current providers using telemedicine
- Current reimbursement for telemedicine services
- Importance of consistent reimbursement from health benefit plans to providers

## **EFFECT OF COMMITTEE AMENDMENT:** No amendment.

**BACKGROUND:** Several factors are contributing to health care challenges in Oregon. Having access to health care providers is one of the major issues that need to be addressed. New approaches to tackle this problem include optimal use of the physician workforce and other health care providers, as well as the innovative use of technology. Telemedicine is one of those technological advances that allow a two-way video communication in which the practitioner can directly access the patient. Telemedicine has the potential to help bring preventive care and some types of specialty care to people in the communities where they live, thus eliminating long commutes by patients and helping reduce needless transfers to urban hospitals.

Proponents of the measure assert that the benefits of telemedicine are: increased access to health care services in rural and underserved communities; saves time, travel, and related expenses of going to the physician's office; reduction in hospitalizations, emergency department visits, critical care transports, and other related care costs, and eliminates or reduces duplicate medical testing.