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**Testimony of Leonard Bergstein In Support of SB 1560
To the Senate Committee on Health Care and Human Services
February 6, 2014**

Chair Monnes Anderson and members of the committee, my name is Leonard Bergstein and I appear today representing ZoomCare, an Oregon company, in support of SB 1560.

SB 1560 is a modest but meaningful modernization of Oregon's Telemedical statute passed in 2009 through the efforts of the Telehealth Alliance of Oregon. ZoomCare has worked closely with TAO and is proud to have the TAO support communicated to this committee.

What does SB 1560 fix? Current law requires insurers to pay for telecare **only** if two conditions are present: (1) the patient and provider are inside medical institutions and (2) the care is not available in person. In effect, under current law the benefits of telemedicine are not available widely.

SB 1560 removes these restrictions.

Opponents want you to form a work group and delay. But delay has real-world risks and negative consequences: denying access to needed care and denying healthy competition to drive down the costs of care.

Amendments to the original bill have clarified/improved SB 1560.

- In particular, the Dash-1 amendment establishes standards for Telemedical service as “the generally accepted healthcare practices and standards prevailing in the applicable professional communities at the time the service is provided”...this language is used in other state statutes and works.
- The Dash-4 amendment makes it clear that a Telemedical service code modifier must be provided with a claim for a service provided by telecare...thus providing a research tool and a valuable notification for insurance coverage purposes. This would allow insurers and providers to set the price for identified telemedical care that may be different than in-office visits. This modifier system is used in other payment models.

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So let's be clear what SB 1560 does and what it does not.

- SB 1560 increases access to care...decreases the cost of care...and protects patient privacy by being compliant with Federal Laws.
- THE WORDS OF THE BILL ARE CLEAR: SB 1560 does not mandate any new benefits. SB 1560 does not mandate additional providers to a benefit plan.
- SB 1560 does not set any prices for Telemedical services.
- SB 1560 does not establish a mandated price parity between Telemedical and in office health services...the health service code is the same, the price payment does not have to be the same.
- Lastly, SB 1560 does not open a door to fraud...Oregon has long established laws and experience for addressing fraudulent claims...Insurers have the added protection of full access to chart reviews and medical records to be certain they only have to pay for legitimate claims.

There are real-world consequences to delay.

So SB 1560 presents the legislature with a chance to act now to provide real care to people throughout Oregon who are denied access...and a chance to drive down costs through competition.

SB 1560 is the face of reform...and you have been here before and heard the voices of the status quo use imagined problems or confusion -- telling you to watch out, stop, study, delay.

But this time, delay has real consequences and real risks to the care of Oregonians – **a year long work group means a year of denying care to working families or individuals who can't make it to a medical office opened 9-5...**and denying the beneficial impact of competition which will drive down the costs of care.

I respectfully urge you to consider the consequences of delay and pass SB 1560 with Dash-1 and Dash-4 amendments on to the full Senate.

Thank you.