

To: Senator Laurie Monnes Anderson, Chair
Members of the Senate Health and Human Services Committee

From: Catherine Britain, Program Manager
Telehealth Alliance of Oregon

Re: SB 1560 relating to telemedicine

Last month when this bill was presented to your committee as a legislative concept you asked that the Telehealth Alliance of Oregon (TAO) provide the committee with a review and comments. After reviewing LC 147, we believed that there were two areas of concern - ensuring standard of care and use of the GT modifier. We believe that the -1 and -4 amendments have successfully addressed these concerns.

Not only does the -4 amendment address TAO's concerns but we believe it should address the concern that the bill would mandate parity for services delivered telemedically. In fact it would allow providers of urgent/primary care to charge less for the service when delivered telemedically reducing costs for both patients and insurers.

Given the changes to SB 1560 with the -1 and -4 amendments, TAO believes that the bill is good telemedicine policy.

- It provides reimbursement to telemedicine services of all types regardless of origination site if the service is deemed appropriate and is delivered according to the standard of care.
- It increases access to services for patients from their homes, schools and workplaces – services that might not otherwise be sought, thus increasing the chances that acute care would be needed at a future point.
- It reduces the cost of the care. Home and on-person telemonitoring and primary/urgent care tele-services can bring the cost of care down significantly. This bill is not about parity which would serve no useful purpose in reducing the cost of care, it is about expanding reimbursement to services delivered outside of traditional healthcare institutions
- It will free up emergency rooms and urgent care centers for people who really need them and help keep patients safe from highly contagious illnesses often found in waiting rooms such as the flu and pink eye.
- It can help keep people with chronic conditions in their homes and out of hospitals and skilled nursing facilities.
- It will allow hospitals and clinics to develop service lines that can help offset the cuts they are seeing in Medicare funding and other revenue streams.

Studies across the nation have shown that home and on-person telemonitoring and primary/urgent care services to homes workplaces and schools are safe and cost effective. It will bring Oregon on par with most other states in its ability to apply telemedicine to bring down the cost of care and increase access

to services. Given the data already available and the similar statutes already in place in other states, TAO does not believe a work group is needed.

The creation of a workgroup without a mandate for an outcome is not useful. Delaying the passage of the bill may only seem like an 8 month delay, but will really mean a 2yr delay before most programs can become operational. This further delays patient access to care outside the institutional setting.

The removal of the following language from the original statute: *“The health service does not duplicate or supplant a health service that is available to the patient in person.”* is an appropriate decision. While this language may have made sense in 2009, today it stifles competition that can reduce costs. It also makes services less available to patients. Patients who can't take time from work, who don't have access to transportation, who are frail, etc. are really being denied access with this language.

SB 1560 is not just about Zoom Care. It can positively affect all hospitals, clinics and clinicians and well as the thousands of patients whose access to and quality of care will be improved. Is this the best way to develop telemedicine policy? Maybe not, but the fact remains that it is good policy and TAO asks that you give SB 1560 and its -1 and -4 amendments your full consideration and support.