



Telehealth Alliance of Oregon

Advancing telehealth knowledge, practice and policy in Oregon

House Committee on Health Care April, 2015

Representative Greenlick and Members of the Committee

My name is Robert Duehmig. I am Deputy Director of the Office of Rural Health, a member of the Board of the Telehealth Alliance of Oregon (TAO) and co-chair of the workgroup that was convened by Senator Laurie Monnes Anderson to develop SB 144. I am here today to present SB 144 for your consideration. The bill expands the requirements for health benefit plan coverage of telemedical health services by requiring that coverage be provided for services offered directly from a provider to a patient regardless of where they are. This includes homes, schools, and work places. It also requires that the Public Employees Benefit Board and the Oregon Education Benefit Board reimburse for telemedicine services.

When SB 24 was passed in the 2009 legislative session telemedicine was used primarily between hospitals and other hospitals or hospitals and clinics, and the reimbursement provided in SB 24 reflected that. In the six years since that session telemedicine has grown exponentially including the area of direct clinician to patient services. Health care reform has required that institutions look beyond their doors to provide healthcare to patients in their communities and not always in the institutional settings. Patients have changed too. With the explosion of affordable personal technology capable of connecting them to needed products and services, they are no longer content to lose several hours of work for a doctor's appointment or take their sick child out of the house late at night for an ear infection when a tele-visit will afford quicker and easier access. Those patients who have chronic conditions do not have to sit in clinics with others who are being seen for highly contagious illnesses and risk further compromising themselves by being infected with those illnesses.

In order to be able to provide care when and where it is needed, a reimbursement was needed for the clinicians providing those services. Although SB 144 would require that

these services be reimbursed, the amount of reimbursement is not mandated; rather it would be negotiated between insurer and provider when their contracts are negotiated. The exciting part of that is that many providers are able to offer these services at less cost than an in person visit.

SB 144 also gives careful consideration to the conditions under which these services are provided. Attention was paid to language that would assure that the application and technology used to provide the services met all standards required by state and federal laws governing privacy and security of protected health information. As with SB 24 insurers are not required to pay for a service that is not a covered benefit in their plan or to reimburse a provider that is not contracted with their plan. The FAQ developed for SB 144 is attached to this testimony.

SB 144 was developed by a work group made up of twenty- three participants at the direction of Senate Monnes Anderson. Participants were selected from a wide range of providers, payers, associations and state agencies (see attached list). Of the 23 participants 19 were actively involved throughout the process. The work group met in person monthly from April 2015 through November 2015 (with the exception of October). The meetings were 3 hours in length and audio or video connections were available for those who were unable to be present in person. Every session was taped. Between in person sessions the work group used email to work on language for the bill. When consensus was not available on particular language at the end of each session, alternative or compromise language was worked on on-line. Additionally phone conferences and individual phone calls were used to create the needed consensus. The only part of the bill that did not have consensus at the end of the last session was the date of implementation. This effort involved hundreds of individual person hours and lots of travel time.

The reality is that SB 144 involved a lot of compromise and consensus building, and reflects the willingness on the part of the work group to find a bill that would work in the best interests of our patients in Oregon.

We ask that you give it your consideration.

Respectfully Submitted,
Catherine Britain

Telemedicine Reimbursement Expansion Work Group Members

Name	Organization
Baessler Sarah/Jack Dempsey	Oregon Nurses Association
Britain Cathy	TAO Program Director
Cockerill Sarah	Legacy Health, Asst. General Counsel
Coleman Jae	Cambia Health Solutions
Conklin Ted	LifeWise – Premera Blue Cross
Dresser Courtni	Oregon Medical Association
Duehmig Robert	Oregon Office of Rural Health/TAO board
Gorman Kyle	Clackamas Fire District #1
Gluckman Bob	Providence Health Plans (CMO)
Griffith Spencer	OPA
Harris Michael	OHSU (mental health diabetic kids)
Hood-Szivek Pam	Corvallis Childrens Therapy
Hynes Lisa	HealthNet
Koiv Monica	Oregon Health Network (OPCA rep)
Lovgren Mark	OHSU/TAO board
Nguyen Thanh	Providence eXpress Health/TAO board
Nieuburt Brian	Legislative
Perko Kathleen	Coordinator/OHA/PEBB & OEBC
Romer Doug	OHSU Palliative Care
Sanders Dave/Kathleen Sandstrom	Grande Ronde Hospital/TAO board
Tynan Michael	Zoom Care
Wakashige Lori/Heidi Mahoney	School-based Health
Young Michael	Program/OHA/Public Health
	Legacy Health Systems
	Providence Immediate Care & Health eXpress

FAQ for SB 144

1. How was the work group that developed LC 918 (now SB 144) created and what was its process?

In the 2014 Legislative session the Senate Health Care and Human Services Committee requested that the Telehealth Alliance of Oregon (TAO) facilitate a work group to create a legislative concept that expanded telemedicine reimbursement following the unsuccessful request made by ZoomCare in SB 1560. Work group members were selected by Senator Monnes Anderson and TAO. Of the 23 members originally selected, 19 remained active throughout the process.

The work group met once a month for seven months. During that time education was provided on the provider practice guidelines and security and privacy requirements required for the services being considered. Information and demonstrations were also provided about the services offered in other states and specifically by organizations in Oregon currently offering these services.

Language for the LC was developed by consensus with one exception, that being the effective date of the bill should it pass.

2. What is the purpose of SB 144?

SB 144 expands the requirements for health benefit plan coverage of telemedical health services by requiring them to provide coverage of telehealth services offered directly from a provider to a patient regardless of where they are. This includes homes, schools and work places.

3. Which payers are affected?

All health benefit plans as defined in ORS 743.730 and self-insured health plans offered through the Public Employees' Benefit Board or the Oregon Educators Benefit board are required to pay for the expanded services.

4. What type of transmission is required?

In order to be eligible for payment a health service must be provided using synchronous two-way interactive videoconferencing.

5. Under what conditions must a health benefit plan provide coverage of a health service delivered via synchronous two-way interactive videoconferencing?

A health benefit plan must provide coverage of a health service delivered telemedically if:

- The plan provides coverage of the health service when provided in person by a health professional;
- The health service is medically necessary;
- The health service is determined to be safely and effectively provided using two-way interactive video conferencing according to generally accepted health care practices and standards; and
- The application and technology used to provide the health service meet all standards required by state and federal laws governing the privacy and security of protected health information.

6. Where can these services be delivered (the originating site)?

The services can be delivered to the physical location of the patient receiving the service including but not limited to homes, schools, and workplaces.

7. Is the payer required to pay for a service that is not included in the health benefit plan or a provider who has not contracted with the plan?

No. Just as with services delivered in person a health benefit plan is not required to reimburse a health professional:

- For a health service that is not a covered benefit under the plan; or
- If the professional is not contracted with the plan

8. What about use of the telemedicine (GT) modifier?

All of the members of the work group felt it was important that there be a common code modifier denoting telemedicine. However, since code is not usually dealt with in bills, it was agreed that the request for determination of a common modifier be requested of the Oregon Health Leadership Council.

9. What is the rate of payment for the service that is provided via two-way interactive videoconferencing?

Reimbursement for services provided via two-way interactive videoconferencing is determined by the health benefit plan and the provider and is specified in their contract.

10. What is the effective date proposed for this legislation?

The effective date for this legislation is 1/1/16.