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**Testimony of Leonard Bergstein, ZoomCare
To the House Committee on Health Care
In Support of SB 144A**

April 27, 2015

Chair Greenlick and Members of the House Health Committee, thank you for this opportunity to testify in support of SB 144A, the measure to provide reimbursement for telemedical health services. My name is Leonard Bergstein and I am submitting this testimony on behalf of over 250 employees of ZoomCare who are building the world's first on-demand healthcare platform to provide complete and convenient care with insurance built in. Currently ZoomCare offers

- A dispersed neighborhood campus of retail storefronts and advanced care studios, with lab, imaging and pharmacy services;
- Remote control with on-demand scheduling access in the palm of the patients' hand;
- A Health Plan that provides radical access, competitive pricing and special performance features;
- A custom-built software system and cloud to seamlessly link patient, provider and payer; and
- An innovative team of care providers, designers and health plan developers to optimize the patient experience.

In short, we're delivering a new kind of healthcare experience that's simple, convenient and complete – the kind of healthcare you'd want for yourself and your family.

➤ **SB 144A is an excellent example of sound public policy**

At ZoomCare, we believe that Telemedical services are an essential component of a modern healthcare delivery system...and we have been proud to work during the interim under legislative guidance and the leadership of Cathy Britain [of the Telehealth Alliance of Oregon] and during this legislative session with the Senate Health Committee to achieve the consensus measure that is embodied as SB 144A.

SB 144A is a modest but meaningful measure of reform to Oregon's existing telemedicine policy – when SB 144A is enacted, Oregon will signal that telemedicine is an integral component of a modern healthcare delivery system with a reimbursement mechanism that encourages the appropriate, widespread utilization of telemedicine.

Telehealth services work for the patient. ZoomCare has extensive experience with telemedicine, working closely with the Oregon Medical Board and OHSU to establish appropriate protocols and to test the results of telemedical practice in providing “everyday primary care.” Recently, the Journal of Telemedicine and Telecare published an original research report involving 478 Oregon patient visits. This collaborative work between ZoomCare and OHSU, first reported to the Oregon Medical Board, validates the feasibility, safety and beneficial outcomes of telemedicine in primary and urgent care in Oregon. *[A link to the paper co-authored by Albert DiPiero, ZoomCare, and Donald Girard, Christine Flores and others at OHSU has been submitted into the House Health Committee records]*

Using our videoconferencing platform, ZoomCare currently treats mental health issues, such as anxiety and depression [eliminating many obstacles that patients face that keep them from promptly seeking medical attention]. In addition, we treat a range of low-acuity medical issues from sinusitis to rashes to urinary tract infections -- improving timeliness of care, which

improves outcomes and saves the costs of transportation, missed work and unnecessary ER visits.

We follow guidelines that will prompt our trained providers to convert the visit to an in-clinic visit when medically necessary...and we have a payment model that rolls the already low cost of the teleconference visit into the clinic visit, eliminating the potential of “double billing.”

Because of the convenience of these visits, thousands of our ZoomCare patients are willing to pay out-of-pocket. But many patients with insurance but without reimbursement for telemedical visits cannot afford to self-pay -- SB 144A would fix this problem of access to care.

➤ **SB 144A is consistent with and builds upon Oregon's overall health policy strategy of improving human health outcomes by increasing access to quality care in a safe and cost-effective manner. By modernizing the reimbursement for telemedical services, SB 144A embodies and supports so much of the best work of the legislative reform of healthcare in Oregon:**

- ✓ Boosting healthcare workforce productivity in a time of great patient demand and limited provider supply;
- ✓ Energizing delivery system reform and innovation beyond “bricks and mortar;”
- ✓ Increasing mental health access to quality care;
- ✓ Increasing rural healthcare access and fairness to those with disabilities and mobility challenges;
- ✓ Stimulating the development of the telemedicine technology industry and high value jobs; and
- ✓ -Promoting constructive competition in the delivery and financing of healthcare, driving down the cost of quality care and extending the purchasing power of individuals, businesses and public health plans with limited resources for purchasing care.

➤ **SB 144A is built upon some simple principles:**

- ✓ A visit is a visit...SB144A recognizes that if service level criteria are met, the telemedical visit is equivalent to the in-clinic care;
- ✓ Focusing on the patient-to-provider relationship and moving beyond facility-tethered telemedicine is a hallmark of a modern, high-quality healthcare delivery system;
- ✓ Existing contractual mechanisms between providers and payers should determine the reimbursement amounts -- governments should not fix the prices or tilt the negotiating/contractual relationship in favor of either providers or payers;
- ✓ Patient privacy is of utmost concern, and the application and technology used to provide the health service through two-way interactive video conferencing must meet the strict standards required by state and federal laws governing the privacy and security of protected health information.

➤ **SB 144A is the product of a thorough, transparent policy-making process:**

The legislature showed real wisdom in rejecting a flawed telemedical reimbursement bill [SB 1560] during the short session in 2014 -- and establishing a thorough, extensive and transparent process during the interim to craft a better bill. Under the leadership of Cathy Britain of the **Telehealth Alliance of Oregon**, a broad-based stakeholder group addressed each of the controversial areas of modern telemedical policy-making and reached the **consensus that is embodied in SB 144A.**

SB 144A has equal parts of **vision** to guide Oregon into the future and **pragmatism** to be implemented effectively in the real world, **starting with a realistic implementation date of January 1, 2016.** We respectfully urge the House Health Committee to move SB 144A out of committee with a do-pass recommendation.

Thank you.