

The Holt Company

Tom Holt

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Co-Chairs Roblan and Holvey and Members of the Committee:

I am submitting this testimony on behalf of Zoom+Care, a Portland-based network of nearly 50 storefront clinics that offer on-demand primary physical and mental health care. And relevant to the subject matter of this committee, Zoom+Care was an early adopter of telemedicine and offers those services through technology such as secure online chat.

As COVID emerged, Zoom+Care, like other telehealth providers, has seen a rapid increase in demand for initial COVID assessments, which it offers for free.

To meet this demand, Zoom+Care has been working with the appropriate state agencies to allow its Washington-licensed health professionals to provide telemedical services to Oregon patients. The conversations have been collaborative, solution-focused and are continuing.

We and health regulatory boards have discovered that current statutes – even with people of good will now leaning into solutions – aren't flexible enough for the health care emergency in front of us.

Zoom+Care proposes a statutory fix to enable health licensing boards quickly and efficiently to authorize out-of-state providers who already have been vetted by their home-state licensing boards and by their employers, by waiving much of the normal license process. Such a fix should:

- Allow the executive director of a health profession licensing board (all of the boards that that oversee providers who may engage in telemedicine for physical, mental and oral health) to waive statutory requirements and rules, including but not limited to license verification and background checks (the most time-consuming element for agencies), for licensing of out-of-state providers.
- Be limited to those providers who are licensed in good standing in their home state and are employed by a multi-state health care organization that provides health care in Oregon and in the provider's home.
- Provide that waivers expire when the declared emergency ends.

A blanket power such as this would enable licensing boards to be more agile in the face of emergency and take those actions necessary for their unique jurisdictions. It also would greatly ease the administrative burdens of licensing processes on the agencies and on providers during emergencies.

By limiting the scope to those working within health care organizations with presences both in Oregon and the provider's home state, the state could have confidence that the providers involved have been vetted. The state also could hold local people accountable for the out-of-state providers.

I would be happy to work with you and your staffs to explore this concept further and assist in drafting the appropriate language.

Respectfully submitted,

Tom Holt
(for Zoom+Care)