

Co-Chairs Courtney and Kotek and members of the Joint Committee on the First Special Session 2020: The statement below respectfully is submitted as testimony on LC45.

COVID-19 TELEHEALTH CONTINUITY COALITION

When COVID-19 forced most medical practices to close for all but urgent and emergency services, Oregon Health Authority, Oregon Department of Consumer and Business Services, and the Centers for Medicare and Medicaid Services adjusted their rules to allow for expanded use of telehealth to better serve patients. Both the provider and payor communities pivoted to increase access to telehealth through technological innovation and a major adjustment in workflows. Consumers responded, dramatically increasing their use of virtual visits, and reserving in-office visits for encounters that only can be effectively done in person.

All of Oregon's Medicaid Coordinated Care Organizations and, although not required to do so, many commercial insurance carriers have extended coverage to all telemedicine "modalities," such as live web-based video or telephone, at payment parity with in-person visits.

These gains in access to care are at risk if we do not use the Special Session to build a bridge to the next iteration of comprehensive telehealth policy. If the COVID-19 State of Emergency ends before we have the opportunity to take legislative action during the 2021 Session, then much of what we have done to advance telehealth since mid-March will revert to a pre-COVID-19 status – a result that very few stakeholders support.

Specifically, we call upon the Legislature to temporarily codify the following measures, which are the COVID-19 standard:

1. Expand telemedicine modalities for behavioral, oral and physical health to include: Web-based video conferencing, audio-only, live chat, and other means.
2. Continue the use of non-HIPAA complaint modalities to align with current federal guidelines.
3. Maintain the current distant site expansions allowing any provider to deliver care as a distant site directly to the location of the patient.
4. All payors must cover telehealth encounters at parity of access and payment to in-person encounters.
5. Sunset these temporary measures on July 31, 2021.

These critical steps will provide continuity of telehealth and afford stakeholders an opportunity to convene during the remainder of 2020 and recommend appropriate changes to the 2021 Legislature.

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