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Planned Parenthood Advocates of Oregon

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Chair Salinas, Vice-Chairs Nosse and Hayden, and Members of the House Committee on Health Care,

As the state's leading political voice for reproductive health care, Planned Parenthood Advocates of Oregon urges strong support for HB 4101, the Telehealth Equity Act. We believe that access to high quality healthcare is a fundamental human right. That human right should not be limited by geography or transportation barriers. HB 4101 will dramatically expand access to necessary care by facilitating safety net providers' ability to provide necessary care to the Oregonians most vulnerable to gaps in care, including rural communities, homebound patients, and those working to manage behavioral health issues, including substance use disorder.

Telehealth has long been recognized as a promising way to expand health care, including highly specialized care, to rural and otherwise underserved communities. In 2018, an estimated 79 million Americans in rural and urban areas lived in federally designated primary care Health Professional Shortage Areas.¹ Yet, telehealth is not broadly utilized and has not nearly reached its full potential. In 2016, just 15% of physicians in the U.S. worked in practices that used telemedicine for patient interactions and 11% worked in practices that used it for interactions with other health care professionals.² HB 4101 defines telehealth under the Medicaid statute and clarifies coverage parity to ensure that services that are covered through Fee for Service Medicaid or paid for by CCO's are also covered when delivered virtually. Providing clarity within statute that virtual care services, delivered synchronously and asynchronously, have coverage parity with in-person services will bolster and support providers' utilization of virtual care within their practices.

Oregon Planned Parenthood health centers have been diligently working to expand access to sexual and reproductive health care through telemedicine. Planned Parenthood health centers have launched site-to-site telehealth services for clinician consults, in which the clinician offers care remotely to patients who are physically located at another site. Care includes birth control starts and consults, asymptomatic STI screens, telemabs, and pregnancy tests. In the future, this model could be used for pre-vasectomy visits and for gender affirming care. In addition to addressing geographic barriers, implementation of this model also facilitates walk-in visits and minimizes appointment scheduling delays in health centers, like Salem, where wait times average two weeks for an appointment due to overwhelming need for care.

HB 4101 takes a crucial step toward addressing a serious access issue that impacts Oregonians throughout coastal and rural Oregon. Planned Parenthood Advocates of Oregon respectfully urge your support for HB 4101.

Sincerely,

Emily McLain
Executive Director
Planned Parenthood Advocates of Oregon

¹ Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health and Human Services (HHS), Designated health professional shortage areas statistics: First quarter of fiscal year 2019 designated HPSA quarterly summary, 2018, https://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR5...

² Kane CK and Gillis K, The use of telemedicine by physicians: still the exception rather than the rule, *Health Affairs*, 2018, 37(12):1923–1930.