



February 3, 2021

Representative Rachel Prusak, Chair
Representative Cedric Hayden, Vice-Chair
Representative Andrea Salinas, Vice-Chair
House Committee on Health Care
900 Court Street NE
Salem, OR 97301

Delivered electronically.

RE: House Bill 2508, Telemedicine

Chair Prusak, Vice-Chairs Hayden and Salinas, and Members of the Committee:

PacificSource is an independent, not-for-profit health plan based in Oregon. We serve commercial, Medicaid, and Medicare members, and PacificSource Community Solutions is the contracted coordinated care organization (CCO) in Central Oregon, the Columbia River Gorge, Marion & Polk Counties, and Lane County. Our mission is to provide better health, better care, and better value to the people and communities we serve.

PacificSource has reimbursed providers at an equivalent rate for in-person visits and two-way video (synchronous) telemedicine visits before the COVID-19 pandemic, and will continue to do so after the pandemic. During the pandemic, PacificSource expanded providers eligible to offer telemedical services, relaxed requirements for providers and communicated that PacificSource would cover telemedicine visits at the same level as in-person office visits. In short, telemedicine is an important cornerstone to our goals of delivering appropriate care to our members.

We write today instead to express several concerns with House Bill 2508. We believe that through a more robust stakeholder process, our concerns can be alleviated.

1. *A move toward value-based payments would be a better approach to telemedical reimbursement.* Value-based payments incent the delivery of efficient, evidence-based care to improve health outcomes. HB 2508, while well-meaning, codifies the traditional fee-for-service approach instead. Requiring payment for short message service (SMS; text) or email may add cost without adding to value. As stakeholders work together to develop a voluntary framework, the committee should consider how legislation like HB 2508 might delay or impair the move to value-based payments.
2. *Not all health care interventions or visits can be adequately delivered via telemedicine and still achieve quality outcomes.* While telemedicine certainly bridged an access gap in delivering care during the COVID-19 pandemic, audio and visual interactions and text or email communications do not always impart the full picture of a patient's condition. An internal medicine provider needs to conduct an in-patient examination to discover the likely cause of reported abdominal pain. A psychiatrist prescribing medication for a

condition may not be able to rely on audio information alone to gauge potential drug interactions. Because quality care cannot uniformly be safely delivered through telemedical means, the committee should consider how to define telemedicine or structure the requirements in a manner that achieves the delivery of the most medically appropriate care.

3. *Telemedicine will not improve health equity and access for those without the means to utilize telemedical services.* Not everyone in our communities enjoy access to the data plans, broadband speeds, internet access and hardware to engage in synchronized audio and video appointments. Thus, they will likely receive more voice-only appointments that lack the quality and evidence to support their use for a variety of services. We can all agree that those without the technological infrastructure should not be asked to accept lower-value care.

Thank you for your time and consideration to this issue. For questions or concerns, please contact me at 503.949.3620 or richard.blackwell@pacificsource.com.

Sincerely,

/s/

Richard Blackwell
Director, Oregon Government Relations