

Supports Equitable and Safe Access to Care

Telehealth expansion is one of the signal successes of COVID-19 response. For nearly a year, state and federal regulators, insurers, Medicaid CCOs and providers have worked together to expand access to health care through video and voice communication, including payment parity, and moved telehealth from a nice-to-have, add-on service to a central means of care.

When COVID-19 forced many medical offices to stop routine, in-person care, the provider and payor communities, with regulators' support, pivoted to increase access to telehealth through technological innovation, capital investment and a major adjustment in workflows, often across state borders.

"[Our] therapists were able to work with families to assure them that their therapy could continue via telehealth to provide consistency."

- Trillium Family Services

Consumers responded, dramatically increasing their use of virtual visits, and reserving in-office visits for encounters that only can be effectively done in person.

Telehealth use remains well above pre-COVID-19 levels, and has especially expanded access to behavioral health services. Many patients now engage in a combination of in-person and telehealth encounters, and data show that these means of care complement rather than duplicate each other.

All of Oregon's Medicaid Coordinated Care Organizations and, although not required to do so, many commercial insurance carriers (until June 30) have extended coverage to all telehealth "modalities," such as voice-only or live web-based video, at payment parity with in-person visits. It is not hard to see why:

- **Removes many barriers to access.** Psychiatrists report using telehealth to reach 85% of patients at the height of the pandemic, versus negligible numbers pre-COVID.
- **Improves continuity of care:** Far fewer patients miss appointments, and telehealth enables convenient and efficient follow ups. For those patients least able to travel, telehealth is a godsend. A children's hospital in Portland reports that telehealth has enabled it to continue serving medically fragile children across a multi-state service area without pandemic interruptions.
- **Telehealth parity aligns with Oregon's broad health policy goals:** Increases access and quality while reducing the rise of consumer costs. As a "natural evolution of health care into the digital age, not another type of care," as the NCQA describes it, telehealth may be incorporated in value-based provider-payer contracts—which account for only around 6% of commercially-covered Oregon primary care—just as in-person care may be.
- **Saves significant costs** as patients seek out telehealth care instead of going to emergency rooms or urgent care clinics for worrisome symptoms.
- **Consumers are not begging to fall back** to time-consuming driving or mass transit to appointments they've discovered can be handled from the comfort of home via telehealth.

"A mother told me herself: 'To be honest, the virtual visits are way easier and more convenient. I work three jobs from home now. My child is able to navigate it this way and I can keep working.'"

*- Megan Polamalu Gordon,
Clackamas & Oregon Pediatrics*

Without HB2508, telehealth will be relegated to a regulatory framework last updated long before Zoom—around the time the first smartphones were released. It's long past time for telehealth policy to focus on what patients, not a flawed system, want and enable use of consumer-friendly technology instead of blocking it.

HB2508 does not: Change providers' scopes of practice standards or care, or conflict with HIPAA.

“Telehealth visits allow our pediatric practices to address important medical needs in a timely manner and connect with patients and families.”
- Children's Health Alliance

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