



February 4, 2021

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

Wallace Medical Concern urges strong support for HB 2508, which supports and advances access to health care through telemedicine. The COVID-19 removal of restrictions and increased public and private coverage for telemedicine have allowed providers to see more patients, safely and efficiently. This temporary expansion has dramatically expanded access to necessary care and has allowed safety-net providers to better and more broadly provide essential health services to the Oregonians most vulnerable to gaps in care, including rural communities, homebound patients, houseless patients, and those working to manage behavioral health issues, including substance use disorder. Already, states like Delaware, Colorado, Vermont, Maryland, and Maine have made temporary COVID-19 telemedicine policies permanent.<sup>1</sup> Now Oregon has the chance to protect and further expand access to health care to underserved communities by passing HB 2508.

Telehealth has proven an important and effective way to conduct many patient appointments, with significant benefits. Telehealth allows patients to hold meetings with their health care providers without the time and cost of traveling to appointments. It also allows insight into and better support for patients in their home environment. Clinics have also reported that telehealth has resulted in fewer missed appointments and more frequent engagement in services, both in primary and behavioral health. It also reduces the risk of COVID or other infections, both in clinic offices and on public transportation. No-show rates are routinely lower for telehealth visits, which improves care-plan consistency and decreases the overall provider costs. Because practice standards have shifted, providers and patients have been overwhelmingly positive about these changes, and payors have not seen evidence of overutilization or rampant fraud.

HB 2508 comprehensively updates Oregon's telehealth statutes for physical, behavioral, and oral health. The bill clarifies that telemedicine services—both audio-only and videoconferencing—should be covered and reimbursed in the same manner and at the same level as in-person visits. Providing clarity within statute that telemedicine services have coverage and reimbursement parity with in-person services will bolster and support providers' utilization of virtual care within their practices and allow more patients the choice of participating in telemedicine. HB 2805 also stipulates that enrollee benefits – co-pays, deductibles, etc. – should not differ between telehealth and other means of care and that special accessibility accommodations, interpretation, and culturally and linguistically appropriate services must be made available via telehealth just as they would be for in-person services.

Telemedicine has allowed our patients to continue their care during the pandemic. We have seen a 35% drop in our no-show rate and plan to advance our telemedicine use in our population health strategy. It is important to note that most of our patients are in deep poverty and do not have access to reliable WIFI. Therefore, video visits have not been successful and are not a realistic expectation for patients of FQHCs or Rural Health Centers. While we are waiting on data on the efficacy of audio-only visits, we can testify to their value through our experience this past year.

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<sup>1</sup> H.R. 348, 150 Gen. Assemb. (Del. 2020); H.R. 20-1092, 72 Gen. Assemb., 2020 Reg. Sess. (Co. 2020); H.R. 742, 2019-2020 Gen. Assemb. (Vt. 2020); H.R. 448, 441 Gen. Assemb., 2020 Leg. Sess. (Md. 2020); S. 676, 129th Me. Leg., 2d Reg. Sess. (Me. 2020).



To support equitable access to health care, Wallace Medical Concern respectfully urges the committee to support HB 2805.

Sincerely,

DocuSigned by:

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