

Testimony in Support of HB2508 (Telehealth)

Chair Prusak and Members of the Committee:

I am Erik Vanderlip, MD MPH, Chief Medical Officer of Zoom+Care, which operates about sixty on-demand primary, specialty and urgent care clinics in Oregon, Washington, Idaho and Colorado. In addition to serving as Zoom+Care's CMO, I am a practicing family physician and psychiatrist.

From its inception more than a decade ago, technology has been at the core of how we aim to delight our "Sarahs" – our patient archetype – by delivering evidence-based care that eliminates, as much as possible, the administrative and time burdens health care places on patients. Everything we do is from the viewpoint of our "Sarahs" and meeting *their* needs.

When COVID-19 forced a pivot to mostly telehealth care, our Sarahs embraced telehealth, and even long after our clinic operations returned to some sense of normalcy, a substantial portion of patient visits continue to be telehealth. Last month, approximately 42% of our Sarahs received care entirely by telehealth channels.

An early surprise for us – considering that very large portion of Sarahs make use of our web-based tools – was that many of them preferred voice-only care. This has been beneficial not only for behavioral health, but also for other areas of care.

Emergency pandemic measures taken by both Oregon and Washington to enable interstate care by our providers have been critical to our success in telehealth. It enabled us to minimize wait times and balance provider workloads at peak times, and to adjust on the fly when wildfires made it necessary to close some of our clinics so that staff in potential evacuation areas could take care of themselves and their families.

This regulatory flexibility needs to continue, particularly for providers who work within the same clinic system, as ours do. Within our clinic system, everyone is working under the same internal clinical oversight umbrella. As long as a provider is licensed in good standing, a state border should not get in the way of care delivered via telehealth. Caring for Sarah is the same in Washington as it is in Oregon. Nothing magically changes about illness across state lines.

HB2508 supports this flexibility. We understand that the language may be tweaked a little, but we support the direction.

We also enthusiastically support the overall scope of the bill as a badly needed update to the law, especially inclusion of payment parity for all means of care. Telehealth care is mainstream care, not a nice-to-have addition. Our regulatory and payment systems should treat it as such.

Sincerely,

Dr. Erik Vanderlip, MD MPH