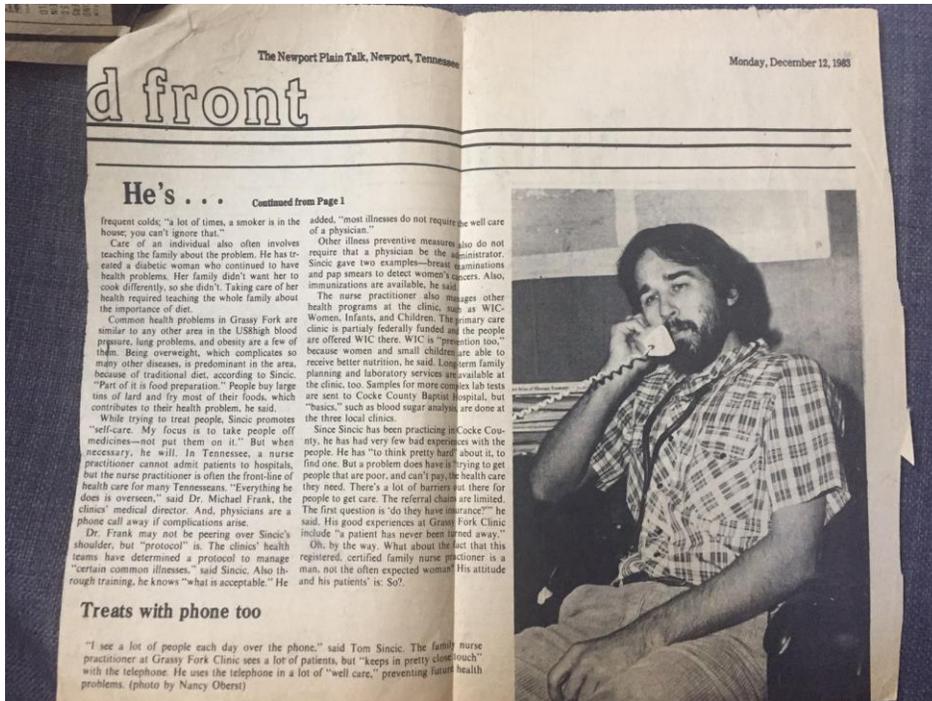


To the Senate Committee on Health Care.

RE: Supporting SB 697 and SB 629

My name is Tom Sincic. I am a retired Family Nurse Practitioner. I writing to express strong support for telemedical and telepharmacy services.

I currently serve as president of Health Care for All Oregon. I know what we all want is for everyone to have access to healthcare they need when and where they need it. This is largely about the where. I have worked in rural East Tennessee, for the Saginaw Chippewa Tribe serving rural communities, and for 26 years in school-based health centers. In all of these situations, with the agreement of and for the convenience of the patient and/or family, I have provided clinically appropriate (without the clinic) healthcare. Here is an image of and a brief story of me in 1983 doing just that. Note a small headline: "Treats with phone too."



What does telemedicine (I prefer to refer to telehealth) mean for access to care and equity? A patient or a parent with children without access to transportation or long distance to travel can get access. A parent with children without access to child care can get access. A person not able to leave work would be able to get access. A person with disabilities or a frail elder would not have to be transported. Significant reduction in ER or urgent care visits. This could expand access to both primary care and specialty care.

Keep in mind that only 10% of health depends on a clinical care and during a clinical visit only 10-20% depends on examination. This leaves 80-90% of that visit depending on the history which can easily be done by phone.

I have provided care for people with hypertension, diabetes, depression, asthma, obesity, falls, rashes, headaches, diarrheas, constipation, sleep problems and more all with just a telephone. Also an array of health promotion and preventative care is easily provided such as nutrition and exercise counseling.

No more technology than a telephone is often required so a use of a basic telephone needs to be allowed. This is the equitable thing to do so anyone without other technology like the internet can get access to care. If an amendment to this bill is required to make a simple telephone be all that is required, I strongly suggest that such an amendment be made.

Who would be against this? Just follow the money and requirements for payment of the complex insurance system to find the answer. If getting access to care is as simple as a phone call away, insurers often prefer that access be difficult so they do not need to pay. On the provider end, if the only way to get paid is to have a patient come in, then this is a disincentive to provide telehealth services. When I was working in a school-based clinic, I was advised to get the patient to come in so a bill could be generated. I refused to do this and continued to provide care by telephone if it met the needs of the patient and/or family. Remember: "person centered care."

"Remote" should not be a criteria for getting any services. It is the patient/family that knows the challenges or traveling for healthcare. There should be a clear evidence based need to travel and a decision between patient and provider. All services need to be paid for equally.

My family and I have successfully used telephone services for such things as asthma and a cat bite.

This is all even more true for pharmacy.

Passing SB 697 and SB 629 would be a giant step forward to providing universal and equitable access to care.

Tom Sincic, MSN, FNP-Retired
President, Health Care for All Oregon
Portland, OR
president@hcao.org