

# WARBY PARKER

September 12, 2018

Chairman Mustio, Chairman Readshaw, and Members of the House Professional Licensure Committee:

Warby Parker appreciates the opportunity to offer input on Senate Bill 780, sponsored by Senator Vogel, which provides for telemedicine in Pennsylvania.

Warby Parker is a technology-enabled eyewear brand that designs and sells glasses directly to its customers online and in company-owned stores, including stores in Pittsburgh and Philadelphia. Our company was founded in Philadelphia in 2010 and has provided millions of people with affordable eyewear.

We believe that everyone should have access to affordable vision care, and we applaud the state legislature for working on comprehensive telemedicine legislation.

Much like other types of telemedicine, innovative technologies now allow doctors to provide safe, accurate vision tests from a remote location. In May of 2017, Warby Parker launched Prescription Check, a vision refraction test that consumers can do in their own homes. Prescription Check requires consumers to meet strict eligibility requirements and all decisions are made by licensed ophthalmologists.

When SB780 was first introduced, it expressly prohibited just one type of telemedicine - ocular telemedicine - which would have cut off access to Prescription Check for Pennsylvania residents. As SB780 moved through the Senate, Warby Parker worked with other stakeholders to find consensus on language providing for ocular telemedicine, including online refraction. We believe that ocular telemedicine has the potential to transform an industry, expand access, and bring down the high costs of vision care, particularly in rural and underserved communities.

While significant progress was made on SB780 in the Senate, Warby Parker seeks additional clarification in several areas of the bill to ensure that ocular telemedicine is treated in the same manner as other forms of remote patient care.

The current draft of SB780 relies heavily on the state boards to develop and establish regulations for telemedicine, but does not require parity with in-patient care. Warby Parker would like to see a provision in the bill, similar to that which has been adopted in several states, that would explicitly state that "licensure boards may not adopt rules pertaining to telemedicine services that would impose a higher standard of care than in-person practices."

Our second concern is technical in nature. In the current version of the bill, Section 5(3) indicates that a patient may request interactive audio and video. This sentence could be interpreted to prohibit Prescription Check because our company does not offer video consultations. We seek clarifying language establishing that interactive video may be requested if a healthcare provider uses interactive audio. This language clarification will protect programs like Prescription Check and help avoid any unintended consequences.

We're excited that innovative technologies, coupled with enabling legislation, will expand healthcare access for millions of Pennsylvanians. Warby Parker is proud to be on the cutting edge of ocular telemedicine technologies and we welcome the opportunity to work with you on this important legislation.

**Testimony of AARP Pennsylvania**

**Submitted to the House Professional Licensure  
Committee**

**In Support of  
Senate Bill 780, The Telemedicine Act**

**September 12, 2018**

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering people 50 and older to choose how they live as they age. With a nationwide presence and nearly 38 million members, 1.8 million of whom are in Pennsylvania, AARP strengthens communities and advocates for what matters most to families: health security, financial stability and personal fulfillment.

AARP Pennsylvania strongly supports Senate Bill 780, The Telemedicine Act, as a major step forward in improving access to telemedicine (also referred to as "telehealth") in the Commonwealth. Telemedicine embraces the use of computers, cellphones or other communication technology to provide patients with the health care they need, when they need it. It doesn't replace one-on-one, in-person interactions with a doctor, nurse or other health care practitioner. Instead, it creates new and enhanced ways to get care and for individuals to take charge of their health. For example:

- A video chat or online visit with a doctor;
- A monitoring device used after someone is released from the hospital to track their progress and vital signs; and
- A video chat with a health care professional in an emergency situation to provide instructions while waiting for help to arrive

More and more of our members, especially those aged 50-59 are using their computers, mobile devices and tablets to access information about their health. AARP believes telemedicine has the potential to improve access to both health care and home and community based-services (HCBS), and increase choice of providers, especially in rural areas. This is particularly important in a place like Pennsylvania, which has the third largest rural population and the fourth oldest population of any state.

In addition, there are 1.65 million family caregivers in Pennsylvania who provide unpaid care to a friend or loved one and who could benefit from broader adoption and access to telemedicine. Telemedicine can bring routine and specialty health services home when trips out are challenging. Working and long-distance family caregivers can virtually join their loved ones' medical visits and care plan meetings, so they can help manage their care. When family caregivers sacrifice their own health care to care for others, a telemedicine visit for themselves can help them save time and still take care of their own needs – physical, mental or emotional. For example, psychosocial therapy via telemedicine technology can help family caregivers cope with the challenging behaviors related to dementia and their own response to them.

Research shows that telemedicine provides real benefits to these family caregivers. Recently, a study from the University of Washington looked at 65 different studies over the years about the effects of telehealth on family caregivers.<sup>1</sup> The study found:

- Less time spent, and less wear and tear on the caregivers;
- Better mental health: less anxiety, depression, and stress;
- Improved caregiving knowledge and skills and higher satisfaction and confidence in their caregiving roles; and
- Better physical health

Family caregivers need help if they are to continue doing what they do, and telemedicine is one way to better provide this needed support.

While there are some significant telemedicine services being offered in Pennsylvania today, there are still many things the state can do to make sure its residents, including older Pennsylvanians and their family caregivers, realize telemedicine's full benefits. The American Telemedicine Association (ATA) currently rates Pennsylvania as a "B" overall in telemedicine policy, but also highlights a few areas where the state is significantly lagging behind its peers.<sup>2</sup>

For example, Pennsylvania does not currently require private health insurers to offer comparable coverage for telemedicine-provided services to that of in-person services. As a result, Pennsylvania received an "F" grade for "Private Insurance Parity" from ATA. A majority of states across the country have enacted this type of requirement, including Pennsylvania's neighbors of Delaware, Maryland, and New York. Not requiring telemedicine coverage could remove an important option for treatment for many older Pennsylvanians and creates an unnecessary barrier to care not found in other states. SB 780 addresses this deficiency by requiring private health insurers to cover telemedicine services when delivered by certain participating network providers.

Similarly, Pennsylvania does not cover certain telemedicine services under Medicaid, and the types of medical professionals that can be paid for telemedicine services in Pennsylvania's Medicaid system are also very limited compared to other states. As a result, Pennsylvania received an "F" grade for "Eligible Providers" in Medicaid, and a "C" grade for "Eligible Technologies" in Medicaid from ATA. SB 780 greatly improves upon this coverage by requiring that Pennsylvania's Medicaid program make medical assistance payments for telemedicine services if those same services would be covered through an in-person encounter.

SB 780 also makes other important improvements and clarifications to ensure telemedicine is appropriately regulated and consumers are protected as telemedicine usage continues to grow in the future. The bill broadly defines "telemedicine," sets forth the process for professional licensing boards to promulgate regulations and requirements for telemedicine health care

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<sup>1</sup> Chi, Nai-Ching, and George Demiris. "A systematic review of telehealth tools and interventions to support family caregivers." *Journal of telemedicine and telecare* 21.1 (2015): 37-44.

<sup>2</sup> American Telemedicine Association, *50 State Telemedicine Gaps Analysis: Coverage & Reimbursement*, February 2017.

practitioners, and sets standards for a patient creating a telemedicine relationship with a practitioner.

Above all, SB 780 is a chance for Pennsylvania to prioritize this issue so telemedicine technologies can benefit more Pennsylvanians. Broader adoption of, and access to, telemedicine holds tremendous promise for older Pennsylvanians and their family caregivers. SB 780 brings Pennsylvania up to the telemedicine coverage standards of other states and ensures that Pennsylvania can become a trailblazer in the area of telemedicine for years to come.