



September 12, 2018

To Members of the Pennsylvania General Assembly Professional Licensure Committee

**Re: Statement of the American Telemedicine Association in Support of SB 780**

Chairperson Mustio, Vice Chair Readshaw, and Members of the Professional Licensure Committee:

The American Telemedicine Association (ATA) is a non-profit organization that promotes telemedicine, sometimes referred to as telehealth, e-health, mobile health or connected care and resolves barriers to its deployment. Our mission is to promote professional, ethical and equitable improvement in health care delivery through telecommunications and information technology. We strongly support mechanisms that assure patient safety and promote that all health services delivered either in-person or via telemedicine are of the highest quality.

We believe that the Committee has a strong and vital interest in taking advantage of health care delivery innovations that improve quality, reduce costs, improve timely access to needed care, and improve consumer satisfaction. We commend the Committee for its effort to embrace telemedicine with proposals, like SB 780, to ensure patient safety and enhance coverage of telemedicine-provided services. This legislation is a large step forward to promote the adoption of cost-saving and quality-improvement measures available through advanced technology. As such, ATA is in favor of SB 780 which captures technological concepts and processes being deployed in your state today, and leave room for future business, clinical, and technological development.

The truth is that telemedicine today is in use in many forms in every state as well as by hospitals, health systems, specialists, home and community-based providers, and federal programs servicing active and retired military. It can take many forms using popular consumer devices such as smartphones and tablets, and may be supported by digital diagnostic medical device peripherals including an otoscope, pulse oximeter, glucometer, stethoscope, and blood pressure cuff. Some examples include tele-mental and behavioral health, primary and urgent care, teleICU, dermatology, cardiology, neurology for stroke diagnosis, maternal and fetal medicine, teleradiology and pathology, and speech language therapy.

This year Iowa and Kansas enacted telemedicine parity laws. **There are 36 states and Washington D.C. with telemedicine parity laws which prevent the denial of claims for covered services because telemedicine was used in lieu of an in-person encounter.** Almost half of these states have 10 years or more successful experience with telemedicine. These statutes also prevent private insurers from instituting arbitrary barriers that impede access to telemedicine such as requiring higher deductibles, copayments, or coinsurance than that of in-person services.

Telemedicine parity laws are not mandates. They do not require the creation of new services or benefits. The goal of the parity law is to ensure that the terms and conditions for healthcare coverage

are the same for healthcare providers and patients regardless of the delivery method. A parity law in your state would do two things: **Serve as a consumer protection.** If a beneficiary chose telemedicine delivery over in-person for a covered service, the parity law would prevent the health plan from denying coverage of that service. **Create a level of assurance to the health care provider.** The parity law would prevent the health plan from denying the claim just because the covered health care service was delivered remotely or outside of a facility.

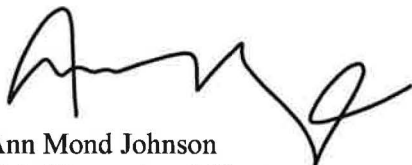
Pennsylvania Medicaid was an early adopter of delivering telemedicine to address the statewide shortage of maternal-fetal medical specialists and to improve the quality of care for expectant mothers. However, when it comes to broader telemedicine coverage and reimbursement in the Rust Belt, it is safe to say that there is room for improvement in Pennsylvania. The sobering reality is that Pennsylvania residents are not spared from the health access dilemma in our country. A 2017 annual report found that the rates of drug-related deaths and adults with diabetes have increased in the past few years in the state. All states bordering Pennsylvania to the east have passed telemedicine parity laws in the past decade: Delaware, Maryland, New Jersey, and New York. **It is worth noting that within the past 20 years, no state has rescinded their telemedicine parity laws, nor have they documented induced utilization or increased costs to the state because of enacted telemedicine parity.**

Regarding clinical practice and collaborative care, ATA strongly supports the mission of state licensing health care professional boards “to ensure the protection of the public's health, safety and welfare”, as well as other mechanisms that assure patient safety and promote that all health services delivered either in-person or via telemedicine are of the highest quality and provided in a safe manner. Specifically, regarding clinical practice rules, we believe that, as much as possible, the practice of telemedicine should not be regulated differently from in-person care. While there are important clinical differences that should be recognized, allowed, and appropriately regulated, the provision of telemedicine should not be held to a different standard than in-person care.

In closing, we know that inequities in coverage for telemedicine delay the adoption of cost-saving and quality-improvement measures available through advanced technology. They also restrict consumer access to specialized services in underserved areas. This Committee can take immediate steps to prevent discriminatory practices against telemedicine users, by requiring coverage parity for telemedicine-provided services to that of in-person services. Passing SB 780 would be a proactive step to alleviate Pennsylvania's prevailing health disparities.

Thank you for the opportunity to present these comments. With the Committee's thoughtful consideration of our statement, we believe that Pennsylvania policies will certainly serve as a model for other states to follow. I and members of ATA are happy to be a resource to you and the other members of the Committee to make advances and reform policies in order to help the residents of Pennsylvania take advantage of the promise of telemedicine.

Sincerely,



Ann Mond Johnson  
Chief Executive Officer  
American Telemedicine Association



Andrew Watson, MD  
President  
American Telemedicine Association