



January 12, 2021

Senator Ed Charbonneau
200 W. Washington Street
Indianapolis, IN 46204

RE: REQUEST TO AMEND SENATE BILL 3 TO IMPLEMENT A CONSISTENT REGULATORY FRAMEWORK

Dear Chairman Charbonneau,

The American Telemedicine Association (ATA) applauds the Indiana legislature for actively working to advance telehealth legislation. The Preliminary Draft Do. 3734, to which the ATA has previously commented, has now officially been filed as Senate Bill 3 and the ATA would like to reassert our position on the bill.

The ATA, the only organization completely focused on advancing telehealth, is committed to ensuring that everyone has access to safe, affordable, and appropriate care when and where they need it, enabling the system to do more good for more people. On behalf of the ATA, and the over 400 members we represent, I am writing in qualified support of Senate Bill 3, provided it is amended to take a modality neutral approach.

The ATA represents a broad and inclusive network of technology solution providers, delivery systems and payers, as well as partner organizations and alliances, working together to advance adoption of telehealth, promote responsible policy, advocate for government and market normalization, and provide education and resources to help integrate virtual care into emerging value-based delivery models.

We strongly support how the bill amends IC 25-1-9.5-6 (Sec. 13) to make clear that telehealth includes healthcare services delivered using store and forward (or "asynchronous") technologies and remote patient monitoring technologies. These changes are necessary to empower providers to use their clinical judgment to determine the appropriate telehealth modality --whether real-time or non-real time-- to uphold the standard of care and serve the best interest of Indiana patients. Across the country, providers are increasingly relying on asynchronous (or "store and forward") telehealth technologies to establish patient relationships, perform patient evaluations, and appropriately prescribe medication in many fields. Asynchronous (or "store and forward") technologies are critical to the industry as they are used to quickly and



conveniently transmit a patient's health data, vital signs, digital diagnostic images, and other physiologic data. In addition, providers are increasingly relying on remote patient monitoring technologies to push care out of the hospital, clinic or doctor's office and into the home, where providers can continually monitor, collect and analyze a patient's physiologic data to create a care management plans for patients, especially useful for those with chronic conditions.

While we appreciate how the bill aligns Indiana with the majority of states in adopting a tech-neutral framework, we recommend a few additional changes to promote telehealth adoption in the state.

First, to ensure Indiana has a consistent and clear regulatory framework, Section 13 should also eliminate "internet questionnaire" and "internet consultation" from the definition of impermissible telehealth services. These undefined terms create unnecessary uncertainty about using otherwise appropriate telehealth technologies. Indeed, the bill clearly contemplates telehealth medical consultations conducted using the internet and asking patients questions about as part of a medical interview. Removing the phrases of "internet consultation" or "internet questionnaire" from Section 13 would bring consistency to the telehealth standards, without affecting the existing protections that ensure patient safety.

Second, while Section 13 includes store-and-forward in the definition of telehealth services, the insurance coverage provisions in Sections 4, 22 and 25 only permit synchronous technology in the definition of reimbursable telehealth services. Asynchronous services have proven to control, if not lower, the cost of delivering care to patients, and should therefore be reimbursable when clinically appropriate.

Finally, we suggest amending Section 16 regarding certifications for non-residing Indiana providers. These certifications slow down access to care and punish providers for violations that are not actually related to providing medical care. We recommend replacing this certification requirement in Section 16 with language that simply states that by providing services to a patient located in Indiana, an Indiana-licensed provider is agreeing to be subject to jurisdiction of the courts of law of Indiana and the substantive and procedural laws.

Again, we thank you for your interest in and support for telehealth. We strongly urge the Indiana legislature to pass Senate Bill 3 after amending it to ensure a modality neutral and streamlined approach. Especially during a global pandemic, it is critical that we do not codify policies that will make it more difficult for Indiana residents to access care from the safety of their homes.



Please do not hesitate to let us know how we can be helpful to your efforts to advance common sense telehealth policy in Indiana. If you have any questions or would like to further discuss the telehealth industry's perspective, please contact kzebley@americantelemed.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley".

Kyle Zebley
Public Policy Director
American Telemedicine Association