



January 19, 2021

The Honorable Joel Fry
Chair, Iowa House Human Resources Committee
1473 195th Avenue
Osceola, Iowa 50213

The Honorable Eddie Andrews
8723 Oakdale Dr.
Johnston, IA 50131

The Honorable Kristin Sunde
1629 S 50th Pl.
West Des Moines, IA 50265

RE: ATA OPPOSITION TO HOUSE FILE 89

Dear Chair Fry, Representative Andrews, and Representative Sunde,

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to express concerns about House File 89. Across the United States, telehealth providers use various technological means to perform patient evaluations and provide medications for new and established patients in fields including primary care, dermatology, and radiology. If passed in its current form, HF89 would amend the insurance definition of telehealth in Iowa in a way that would arbitrarily exclude certain technology modalities from reimbursement coverage without clinical justification.

The ATA is the only national organization completely focused on advancing telehealth and is committed to ensuring that everyone has access to safe, affordable, and high-quality care at any place and any time. This empowers the health care system to provide more services to more patients in an efficacious manner. The ATA represents a broad and inclusive coalition of technology solution providers and payers, as well as partner organizations and alliances, working to advance industry 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 modalities.

The revised insurance definition of telehealth in HF89 represents a step backward in the development of Iowa's state telehealth policy. The bill specifies that the delivery of telehealth services must include interactive audio, video, or electronic media to be reimbursed, which precludes a practitioners' ability to utilize efficacious asynchronous technologies in the practice of telehealth.

Asynchronous technologies, including store-and-forward technologies, provide practitioners and patients with several benefits. These modalities allow patients and providers to communicate and exchange information whenever appropriate to meet the standard of care and convenient for them, expediting the diagnosis and treatment process.



Additionally, asynchronous modalities, which can be utilized even with low bandwidth connections, provide patients who lack access to reliable broadband internet with the ability to communicate effectively with their providers. According to BroadbandNow, an organization that collects and analyzes data on internet provider coverage and availability, Iowa ranks 33rd in terms of connectedness when compared to other states. Moreover, the areas of Iowa that are not connected adequately are rural regions that suffer from a shortage of health care professionals already. The passage of this bill would further disenfranchise those Iowans. Enabling practitioners' and patients' ability to be reimbursed for the appropriate use of asynchronous, store-and-forward technology in telemedicine will ensure that citizens in rural and underserved areas receive the same level of care as those who have access to more reliable internet connections.

Perhaps most troubling is that the language in HF89 would remove certain technologies from reimbursement coverage that are currently covered for patients in Iowa today. Some of these technologies were critical to providing health care in Iowa during the current pandemic. The expanded use of telehealth to respond to the COVID-19 pandemic has provided additional evidence to demonstrate that, when used appropriately, telehealth and the use of safe and efficient technologies to deliver virtual care to patients improves health care quality and outcomes while reducing the cost of that care.

Regarding the reimbursement rate for health care services rendered through telehealth technologies, the ATA believes that state policy makers should set rational guidelines that are both fair to the provider of such services and reflect the cost savings that the effective use of telehealth technologies offers to the health care system.

We believe that HF89 would present arbitrary barriers to Iowans' access to high-quality and affordable health care, all while affecting rural, underserved communities disproportionately. Please do not hesitate to let us know how we can be helpful in your efforts to advance practical telehealth policy in Iowa. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at kzebley@americantelemed.org.

Kind regards,

Kyle Zebley
Public Policy Director
American Telemedicine Association