February 1, 2021

The Honorable Nancy K. Barto  
Chair, Senate Committee on Health & Human Services  
Arizona State Senate  
1700 West Washington St., Room 302  
Phoenix, AZ 85007

The Honorable Joanne Osborne  
Chair, House Committee on Health & Human Services  
Arizona State House of Representatives  
1700 West Washington St., Room 112  
Phoenix, AZ 85007

The Honorable Regina E. Cobb  
Vice Chair, House Committee on Health & Human Services  
Arizona State House of Representatives  
1700 West Washington St., Room 222  
Phoenix, AZ 85007

RE: ATA SUPPORT FOR HOUSE BILL 2454

Dear Senator Barto and Representatives Osborne and Cobb,

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to voice our support for House Bill 2454.

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 when and where they need it. 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.

House Bill 2454 makes some comprehensive changes to telehealth policy in Arizona. The proposed legislation calls for parity in coverage for health care services delivered virtually with those provided in person, promotes a more technology-neutral definition of telehealth, and
permits out-of-state practitioners to provide care for their patients in the state so long as these health care providers adhere to Arizona’s laws and standards regarding telehealth.

The ATA strongly supports House Bill 2454 for several reasons. First, the expanded insurance coverage proposed in the bill makes it easier for more Arizonans to receive quality health care services provided via telehealth without having to worry about additional financial costs associated with receiving that care.

Second, the bill’s permissive definition of telehealth allows for practitioners to utilize a wide variety of appropriate technologies in the delivery of telehealth services, including asynchronous and audio-only telephone technologies. Several modalities offered in Arizona’s new definition of telehealth provide patients who lack access to reliable broadband internet with the ability to communicate effectively with their providers, as these technologies can be utilized even with low bandwidth connections. Most relevantly, the expanded use of telehealth to respond to the COVID-19 pandemic has evidenced the usefulness of innovative technologies in the practice of telemedicine, allowing practitioners to triage patients with symptoms of the disease and maintain continuous care for those without COVID-19.

HB 2454 also takes the important step to permit the establishment of a valid professional relationship with the patient through telehealth technology that enables a clinical evaluation that is appropriate for the patient and the condition with which the patient presents. This rational policy relies on the professional discretion of the treating health care professional to determine the appropriate technology as sufficient to meet the standard of care. For that reason, we encourage the committee to remove the confusing language in 36-3605 that suggests providers can only use asynchronous technologies when patients do not have access to real-time technologies, like phone or video. This language could place unnecessary clinical barriers to care and limit patients and consumers from seeking more convenient and affordable ways to access quality health care choice.

Finally, the proposed legislation removes a clinically unnecessary barrier to access to quality health care by allowing out-of-state practitioners to provide virtual care for their patients located within Arizona’s borders. Arizonans should not be prohibited from consulting their preferred practitioner, regardless of this provider’s geographic location, so long as the practitioner is licensed in another state and is in good standing there, conforms to the state’s laws regarding telehealth, and provides health care services within the state’s standard of care. The ATA applauds your commitment to creating more accessible pathways for Arizonans to receive the care they need and deserve.

Again, we thank you for your support for the advancement of telehealth. We urge you and your colleagues to pass House Bill 2454 for the expansion of Arizona’s telehealth industry. In the
context of the ongoing pandemic, it is essential to make it easier for Arizonans to access affordable, quality care through telehealth.

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

Kind regards,

Kyle Zebley
Public Policy Director
American Telemedicine Association