February 5, 2021

The Honorable Mike Stephens  
Chairman, Missouri House Health and Mental Health Policy Committee  
Missouri House of Representatives  
201 West Capitol Avenue, Room 306-B  
Jefferson City, MO 65101

The Honorable Cyndi Buchheit-Courtway  
Vice-Chairwoman, Missouri House Health and Mental Health Policy Committee  
Missouri House of Representatives  
201 West Capitol Avenue, Room 236-B  
Jefferson City, MO 65101

RE: ATA SUPPORT FOR HOUSE BILL 495

Dear Chairman Stephens and Madame Vice-Chair Buchheit-Courtway,

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to express our support for House Bill 495, which would allow for the use of adaptive nonstatic questionnaires as part of asynchronous store-and-forward technology in the practice of telehealth.

The ATA is the only national organization completely focused on advancing telehealth. We are committed to ensuring that everyone has access to safe, affordable, and high-quality care whenever and wherever they need it. This empowers the health care system to provide services to millions more patients every year 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 495 is a reasonable addition to Missouri’s state telehealth policy. The proposed legislation makes clear that adaptive questionnaires can be an appropriate use of asynchronous store-and-forward technologies in the delivery of telehealth services, including in the establishment of physician-patient relationships. Across the country, providers and health systems are using adaptive and responsive online questionnaires that incorporate relevant evidenced-based clinical protocols to deliver care to both new and established patients. The proposed legislation specifically requires adaptive questionnaires to be sufficient to establish an informed diagnosis as though a medical interview or physical examination has been performed in person in order to qualify as a permitted use, and clearly differentiates this technology from where a patient is provided a static set of questions and responds with a static set of answers. The ATA believes this is an appropriate patient safety guardrail tied to the standard of care.
The ATA applauds your efforts to expand Missouri residents’ access to affordable, high-quality health care. Across the United States, patients and consumers are seeking more cost-effective and efficient ways to access the health care they need. State policies should not pick winners and losers in terms of the technologies used in the practice of telehealth, relying instead the discretion of licensed medical professionals as to which modalities are sufficient to meet the standard of care for the condition presented by the patient. Moreover, asynchronous technologies such as the adaptive questionnaire do not require an excessive amount of bandwidth to function properly. By permitting the use of these adaptive nonstatic questionnaires as part of asynchronous store-and-forward technology in the delivery of telehealth services, the legislature enhances the ability of the almost 800,000 Missourians who lack access to reliable, high-speed internet connections to receive the same level of care as those who are able to utilize high-speed internet capabilities.

Most pertinently, innovative telehealth technologies such as the adaptive questionnaire have enabled practitioners and patients to interact with each other from the comfort and safety of their homes throughout the COVID-19 pandemic, allowing them to receive affordable, high-quality care without physically entering a health care facility.

The ATA is confident that House Bill 495 will increase access to care across Missouri. Simultaneously, the bill will enhance the efficiency of Missouri’s health care industry by allowing more patients to get the care they want, need, and deserve. Missouri’s increasingly permissive state telehealth policy will promote the innovation and use of telehealth technologies in the state, benefitting patients and practitioners alike by creating a patient-centered health care experience.

Again, we thank you for your advocacy on telehealth. Please let us know if there is anything we can do to help you advance common-sense telehealth policy in Missouri. If you have any questions or would like engage in additional discussions surrounding the telehealth industry’s perspective, please contact me at kzebley@americantelemed.org.

Kind regards,

Kyle Zebley
Public Policy Director
American Telemedicine Association