



February 9, 2021

The Honorable Deb Patterson  
Chairwoman, Oregon Senate Committee on Health Care  
Oregon State Senate  
900 Court St. NE, Room S-215  
Salem, Oregon 97301

The Honorable Tim Knopp  
Vice-Chairman, Oregon Senate Committee on Health Care  
Oregon State Senate  
900 Court St. NE, Room S-425  
Salem, Oregon 97301

**RE: ATA AMENDMENTS TO LANGUAGE PROPOSED IN SENATE BILL 423**

Dear Chairwoman Patterson and Vice-Chairman Knopp,

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing you to support Senate Bill 423, if amended to include a technology-neutral definition of telehealth.

The ATA is the only national organization whose mission revolves solely around the advancement of telemedicine. Our utmost priority is ensuring that Americans have the ability to receive affordable, high-quality health care when and where they need it. The expansion of telemedicine infrastructure around the country eases strain on the overburdened health care system, enabling it to provide care for millions more patients every year in an efficient and effective manner. The ATA represents a diverse and expansive coalition of technology solution providers and payers, as well as partner organizations and alliances, working together to promote the implementation of telemedicine across the country, endorse responsible telemedicine policy, encourage government and market normalization, and deliver education and resources designed to further the integration of virtual care through the use of various innovative technologies.

The ATA applauds the legislature's efforts to enhance Oregon residents' access to affordable, quality health care by expanding the base of available licensed practitioners to include providers located in adjacent states of California, Washington, and Idaho. Curiously, practitioners located in adjacent Nevada are excluded in this legislation, but the provision that allows the appropriate health professional regulatory board to broaden the jurisdictions through rulemaking gives flexibility to include other states. Senate Bill 423 takes an important step in the right direction in knocking down artificial barriers to health care. Technology offers significant promise to patients across the country in increasing access to affordable, quality care by expanding the availability of scarce licensed practitioners through telehealth. In-state licensure requirements can be a barrier for out-of-state providers crossing state borders to treat patients. Senate Bill 423 offers a partial solution to that public policy challenge. The ATA applauds your



commitment to creating more accessible pathways for Oregon residents to receive the care they need and deserve.

However, the ATA opposes the restrictive statutory definition of telemedicine, which could limit Oregonians access to convenient, affordable, and high-quality care. HB 423, as proposed, would require the use of telemedicine technologies that allow for “real-time” communication, thereby prohibiting practitioners from utilizing asynchronous modalities (or “store-and-forward”) in the delivery of care. The ATA suggests that HB 423 be amended to permit asynchronous technologies specifically. Limiting “telemedicine” to real-time interactions does not capture how 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. Across the country, asynchronous 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. Further, unlike real-time modalities, asynchronous technologies do not require an excessive amount of bandwidth to function properly. Oregon, which ranks as the 34<sup>th</sup> most well-connected state in the nation according to BroadbandNow, is home to over 300,000 residents who do not have access to high-speed internet connections on a consistent basis. Restricting the use of asynchronous technology modalities prevents these underserved and unserved individuals from receiving access to care that may be available to those in the state who have access to reliable, high speed internet.

The expanded use of telehealth to respond to the COVID-19 pandemic has provided additional evidence to demonstrate that, when used appropriately, telemedicine 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. As patients and consumers seek more convenient and affordable ways to access health care, state policy should not pick winners and losers in terms of the technological modalities appropriate for telehealth but should rely on the discretion of licensed professionals to determine which technologies are sufficient to meet the standard of care for the condition presented by the patient.

The ATA thanks you for your interest in and support for telehealth. We urge you and your colleagues to consider the potential effects of some of the proposed language in SB 423 on Oregonians’ safe and efficacious access to much-needed health care services in the midst of a global health crisis. Please do not hesitate to let us know how we can be helpful to your efforts to advance common-sense telehealth policy in Oregon. If you have any questions or would like to further discuss the telehealth industry’s perspective, please contact me at [kzebley@americantelemed.org](mailto:kzebley@americantelemed.org).

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", written in a cursive style.

Kyle Zebley  
Public Policy Director  
American Telemedicine Association