



February 16, 2021

The Honorable Michael J. Maroney  
Chair, West Virginia Senate Health and Human Resources Committee  
West Virginia State Senate  
1900 Kanawha Blvd. E, Building 1, Room 493M  
Charleston, WV 25305

The Honorable Amy N. Grady  
Vice Chair, West Virginia Senate Health and Human Resources Committee  
West Virginia State Senate  
1900 Kanawha Blvd. E, Building 1, Room 206W  
Charleston, WV 25305

**RE: ATA OPPOSITION TO SENATE BILL 1**

Dear Chair Maroney and Vice Chair Grady:

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to express opposition to Senate Bill 1 regarding the practice of telemedicine in West Virginia.

The ATA is the only national organization working solely toward the advancement of telemedicine. Our utmost priority is ensuring that Americans have access to affordable, high-quality health care at any place and any time. The expansion of telemedicine infrastructure around the country eases the strain placed on the overburdened health care system, enabling it to provide care to 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.

Senate Bill 1 represents a significant step backward for West Virginia's state telemedicine policy through some of its revisions of the state's professions and occupations code. The proposed legislation mandates that West Virginians wishing to receive telemedicine services must not have more than three telemedicine consultations without an in-person primary care visit and must visit a physical health service location at least once every 12 months.

The ATA opposes these mandates as they create arbitrary and clinically unsupported barriers to accessing affordable, quality health care. In West Virginia, telemedicine encounters are subject to the same standard of care as in-person visits. The method or modalities used to deliver health care services are irrelevant so long as the practitioner determines, in his or her professional judgment, that the standard of care is being met. Those decisions are held accountable to the relevant regulatory board through professional licensure.



Thus, requiring patients to come to a physical location periodically does not provide any additional safeguards for West Virginians in terms of ensuring that providers are delivering health care services within the standard of care. Adding extra steps to West Virginia residents' access to high-quality health care and forcing them to enter potentially hazardous physical locations in the midst of a pandemic makes it more difficult for West Virginians to receive the health care services and prescriptions they want, need, and deserve in a safe and efficacious manner.

While the ATA does support the legislature's efforts to expand the definition of telehealth services to include audio-only telephone calls, we encourage the legislature to remove the limitations on use of asynchronous technologies to establish a patient relationship. 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. As patients search for more convenient and affordable ways to access quality health care, state policies should not pick winners and losers in terms of the technological modalities appropriate for telemedicine but should rely on the discretion of licensed professionals to determine which technologies—whether in real-time or not-- are sufficient to meet the standard of care for the condition presented by the patient. We encourage you and your colleagues to adopt policies that empower providers to utilize an assortment of technologies and allow for flexibility regarding future technological innovations.

Regarding the issue of reimbursement for health care services rendered through telemedicine technologies, the ATA maintains that state policymakers should set rational guidelines that are both fair to the provider of such services and reflect the cost savings the effective use of telemedicine technologies offers to the health care system.

The ATA urges you and your colleagues to consider the effect that passing Senate Bill 1 would have on West Virginians' access to high-quality, affordable health care. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telemedicine policy in West Virginia. If you have any questions or would like to engage in additional discussion regarding the telemedicine industry's perspective, please contact me at [kzebley@americantelemed.org](mailto:kzebley@americantelemed.org).

Kind regards,

A handwritten signature in black ink that reads "Kyle Zebley".

Kyle Zebley  
Public Policy Director  
American Telemedicine Association