March 16, 2021

The Honorable Ben Watson  
Chairman, Georgia Senate Committee on Health and Human Services  
Coverdell Legislative Office Building  
18 Capitol Square SW, Room 325-A  
Atlanta, GA 30334

The Honorable Dean Burke  
Vice Chairman, Georgia Senate Committee on Health and Human Services  
Georgia State Capitol  
206 Washington St. SW, Room 421-B  
Atlanta, GA 30334

RE: ATA SUPPORT FOR AND SUGGESTED AMENDMENTS TO HOUSE BILL 307

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to offer amendments to House Bill 307 regarding the expansion of telemedicine in Georgia.

The ATA is the only national organization completely focused on advancing telemedicine. We are committed to ensuring that patients across the country have access to safe, affordable, and high-quality care whenever and wherever they need it. The practice of telemedicine empowers the health care system to care for millions more patients every year in an efficient and 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 the industry adoption of telemedicine, promote responsible policy, advocate for government and market normalization, and provide education and resources to help integrate virtual care into emerging and innovative modalities.

In several ways, House Bill 307 represents an important addition to Georgia’s state telemedicine policy. First, the ATA applauds the legislature’s efforts to expand access to telemedicine by revising the definitions of distant sites and originating sites to include the practitioner’s and patient’s homes, respectively. In the context of the ongoing COVID-19 pandemic, this definitional change enables patients and practitioners to interact with each other from the comfort and safety of their homes, workplaces, and schools, with neither forced to enter a potentially hazardous physical location to deliver or receive care.

Additionally, the ATA commends the legislature for clarifying that insurers shall not require in-person consultations or contacts before a patient receives telemedicine services. The ATA maintains that so long as the patient has consented to the use of telehealth as an acceptable mode of receiving health care services and the patient and practitioner have identified themselves and disclosed the appropriate credentials, a practitioner and patient should not be required to meet in person before interacting via telemedicine technologies. The legislature’s clarification on this issue will remove unnecessary barriers to patients’ access to quality, affordable health care.
Finally, the ATA supports provisions in House Bill 307 which mandate that insurers cover telemedicine services on the same basis as the same services delivered in person. This requirement would make it easier for Georgia residents to access quality health care without having to worry about the potential financial burdens associated with receiving that care. As for the rate of reimbursement for telemedicine services, 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 offered to the health care system by the effective use of telehealth technologies.

While the ATA appreciates the legislature’s efforts to expand access to telemedicine, the organization has concerns about some of the language offered in the proposed legislation. First, language in Section 1, 33-24-56.4(b)(7), lines 55-64 would allow for the use of audio-only telephone technologies in the delivery of telemedicine services only when no other means of real-time two-way audio, visual, or other telecommunications or electronic communications are available to the patient. As patients search for more convenient and affordable ways to access quality health care, state policies should not give preference to certain modalities used to deliver care over others. If the licensed health care professional providing telemedicine services determines, in his or her professional opinion, that the standard of care is being met, then the professional should be able to use an assortment of innovative technologies to provide care to their patients. Thus, the use of audio-only technologies should not be confined to certain circumstances so long as the standard of care is upheld throughout the audio-only telemedicine encounter. Restricting available technology to “real-time, two-way” modalities would eliminate effective technologies in use today to treat Georgia patients through telehealth. The ATA recommends striking this unnecessary and clinically unjustified provision that carves out requirements for certain technologies.

Additionally, the ATA believes that telemedicine services delivered within the standard of care should be covered to the same extent as in-person services regardless of the medical field in which the practitioner providing telemedicine services specializes. Limiting the extent of the services insurers are required to cover when audio-only modalities are utilized so that they only have to cover mental and behavioral health services would present another clinically unfounded obstacle to Georgians’ safe and efficient access of health care services. So long as the standard of care is met throughout the audio-only telemedicine interaction, the specific type of health care service provided to the patient is irrelevant in determining whether or not that service should be covered by the patient’s insurance. We suggest removing this provision from Section 1, 33-24-56.4(g).

Thank you again for your support for good telehealth policy. We urge you and your colleagues to pass House Bill 307 with the recommended amendments in the interest of expanding easy and efficient access to affordable, quality health care across the state. Please do not hesitate to let us know how we can be helpful in your efforts to advance common-sense telemedicine policy in Georgia. 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