



March 5, 2021

The Honorable Tina Liebling
Chairwoman, Minnesota House Health Finance and Policy Committee
Minnesota State Office Building
100 Rev. Dr. Martin Luther King Jr. Boulevard, Room 477
St. Paul, MN 55155

The Honorable John Huot
Vice Chairman, Minnesota House Health Finance and Policy Committee
Minnesota State Office Building
100 Rev. Dr. Martin Luther King Jr. Boulevard, Room 583
St. Paul, MN 55155

RE: ATA COMMENTS ON HOUSE FILE 1412

Dear Chair Liebling and Vice Chair Huot,

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to comment on and offer amendments to House File 1412.

The ATA is the only national organization completely focused on advancing telehealth, and we are committed to ensuring that everyone has access to safe, affordable, and high-quality care whenever and wherever they need it. The practice of telehealth empowers the health care system to provide services to 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 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.

In several ways, House File 1412 serves as an important addition to Minnesota's state telehealth policy. The proposed legislation mandates that public and private health insurance plans cover telehealth services to the same extent as those delivered in person. Additionally, the bill would enable a broader range of health care professionals to utilize telehealth technologies when providing care for their patients.

The ATA commends the legislature's efforts to mandate that insurance plans provide equal coverage for services provided via the appropriate telehealth technologies. Mandating that health insurance plans cover telehealth services to the same extent as in-person care would make it easier for Minnesota residents to access quality health care at any place and any time without having to worry about the potential financial burdens associated with receiving that care. As far as the rate of reimbursement for telehealth services is concerned, 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. The ATA suggests that the provisions in this legislation regarding reimbursement parity be amended to reflect those guidelines.



Second, we support House File 1412's intent to enable health care professionals from a range of medical fields to practice telehealth. In the context of the ongoing health crisis, it is essential that Minnesotans have uninterrupted access to the health care services on which they depend for their wellbeing. While the health-related risks associated with the pandemic have made it difficult for patients and practitioners to interact in person, allowing a variety of providers, including mental health professionals, to deliver care to their patients virtually would allow Minnesota residents to access their much-needed health care services from the comfort of their homes.

While the ATA recognizes the legislature's efforts to permit the use of store-and-forward (or asynchronous) telehealth technologies, the proposed telehealth definition could create confusion in defining telehealth as "real time" audio or audio-visual technologies. We strongly support the establishment of a technology-neutral definition of telehealth that is consistent across Minnesota code titles. State policymakers should not mandate which technologies are more appropriate than others in the delivery of telehealth services; instead, they should defer this decision to licensed medical professionals who can determine which technologies are appropriate to treat the condition presented by the patient. It is appropriate for the legislature to put in place patient safety guardrails; however, those should be firmly tied to the standard of care. The ATA recommends that the legislature revise the definitions of telehealth proposed in House File 1412 to make it similar to the technology-neutral definition posited in Senate File 780.

The ATA is also concerned about language proposed in Section 1. 62A.673 Subd. 3(c). This section is perhaps the result of a fundamental misunderstanding of telehealth. First and foremost, telehealth is the practice of patient health care by licensed professionals using remote technologies. It is not a separate practice of medicine or any other health care profession. Many health care providers through office efficiencies or leverage of technology establish themselves as low-cost providers of the same quality health care available from other providers. Any state statute should not discourage health care providers from utilizing technology to find ways to save money for patients and employers alike. By removing economic incentives to make lower-cost providers more attractive options for cost-conscious patients, state policy perversely and artificially inflates the cost of care and removes incentives for technological innovation.

Again, we thank you for your interest in and support for telehealth. We urge the Minnesota legislature to pass House File 1412 with our recommended amendments. Please do not hesitate to let us know how we can be helpful to your efforts to advance rational and effective telehealth policy in Minnesota. If you have any questions or would like to know more about the telehealth industry's perspective, please contact me at 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