



March 29, 2021

The Honorable Kristin Baker, M.D.
Chair, North Carolina House Health Committee
North Carolina Legislative Office
300 N. Salisbury Street, Rm. 306A3
Raleigh, NC 27603

The Honorable Donna McDowell White
Chair, North Carolina House Health Committee
North Carolina Legislative Office
300 N. Salisbury Street, Rm. 307
Raleigh, NC 27603

The Honorable Donny Lambeth
Chair, North Carolina House Health Committee
North Carolina Legislative Office
300 N. Salisbury Street, Rm. 303
Raleigh, NC 27603

The Honorable Carla D. Cunningham
Vice-Chair, North Carolina House Health
Committee
North Carolina Legislative Office
300 N. Salisbury Street, Rm. 403
Raleigh, NC 27603

The Honorable Larry W. Potts
Chair, North Carolina House Health Committee
North Carolina Legislative Office
300 N. Salisbury Street, Rm. 307B1
Raleigh, NC 27603

The Honorable Verla Insko
Vice-Chair, North Carolina House Health
Committee
North Carolina Legislative Office
300 N. Salisbury Street, Rm. 503
Raleigh, NC 2760

The Honorable Wayne Sasser
Chair, North Carolina House Health Committee
North Carolina Legislative Office
300 N. Salisbury Street, Rm. 529
Raleigh, NC 27603

RE: ATA SUPPORT FOR HOUSE BILL 149

Chairs Baker, Lambeth, Potts, Sasser, and White and Vice-Chairs Cunningham and Insko:

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to voice our support for House Bill 149, which would expand North Carolina residents' access to telehealth services. At the same time, ATA urges the committee to amend the bill's approach to remote patient monitoring to better represent the broad range of technologies that deliver telehealth.

The ATA is the only national organization whose mission revolves solely around the advancement of telehealth in the United States. Our utmost priority is ensuring that Americans have access to affordable, high-quality health care whenever and wherever they need it. The expansion of telehealth 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 telehealth across the country, endorse responsible telehealth 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 supports House Bill 149 for several reasons. First, our organization applauds the legislature for its efforts to adopt a technologically permissive definition of telehealth. The proposed definition allows for practitioners to use real-time interactive audio and video technology, store-and-forward services that are provided through asynchronous technologies as the standard practice of care where medical information is sent to a provider, and communication in which the provider has access to the patient's medical history before the telehealth encounter when providing telehealth services.

Across the country, providers are relying increasingly on asynchronous telehealth technologies to care for patients appropriately within the standard of care. As patients and consumers seek more convenient and affordable ways to access health care, state policies should not mandate which types of technologies are more appropriate than others in the delivery of appropriate health care services. If the health care professional providing telehealth services determines, based on his or her professional judgment, that the standard of care can be met, then the professional should be able to use an assortment of appropriate technologies to provide care to their patients. The changes proposed in House Bill 149 would enable providers to use their professional judgment to determine which telehealth modality is most appropriate to diagnose and sufficient to treat the condition presented by the patient, all while upholding the standard of care.

Additionally, the use of asynchronous technologies, which can be utilized even with low bandwidth connections, allows patients who lack access to reliable internet connections to communicate effectively with their providers conveniently from home. Across North Carolina, nearly 400,000 individuals do not have consistent access to high-speed internet connections. By enabling North Carolinians to receive telehealth services through the use of asynchronous modalities, the legislature enables unserved and underserved patients to receive the same level of access to quality health care as those who have the ability to utilize more reliable broadband connections.

The ATA also supports the legislature's efforts to expand patient access to affordable, high-quality care by prohibiting health benefit plans from excluding telehealth services from coverage solely because the health care service is not provided through an in-person, face-to-face consultation and mandating that health benefit plans reimburse for consultations that are conducted through telehealth if the health benefit plan would have provided reimbursement for that consult had it taken place in person. This provision would make it easier for North Carolina 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.

Remote patient monitoring (RPM) technologies bring care into the home and directly to the patient, where providers can continually monitor, collect, and analyze a patient's physiologic data while creating care management plans for patients, especially those with chronic conditions. However, the bill does not list RPM in the definition of telehealth like it does for real-time interactive audio and video technology or store and forward services. RPM is included as a recognized modality under the definition of telehealth in other states' statutes like Virginia,¹ Georgia² and Arkansas,³ among others. In addition, the Centers for Medicare and Medicaid Services treats RPM as its own telehealth modality by creating unique

¹ See <https://law.lis.virginia.gov/vacode/38.2-3418.16/>

² See <https://codes.findlaw.com/ga/title-33-insurance/ga-code-sect-33-24-56-4.html>

³ See <https://law.justia.com/codes/arkansas/2017/title-23/subtitle-3/chapter-79/subchapter-16/section-23-79-1601-d-1/>



reimbursement codes and definitions for RPM.⁴ Established telemedicine think tanks agree; for example, the Centers for Connected Health Policy treats RPM as its own telehealth modality.⁵ As such, we urge an amendment to add RPM to the bill's definition of telehealth to better represent the broad range of technologies that deliver telehealth and because this is the more common approach across other states.

Regarding the rate of reimbursement for telehealth 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.

We urge you and your colleagues to support House Bill 149 for the advancement of telehealth in your state. In the context of the ongoing pandemic, it is critical that we codify policies that will make it easier for North Carolinians to access affordable, quality care from the safety of their homes. Please do not hesitate to let us know how we can be helpful to your efforts to advance common-sense telehealth policy in North Carolina. If you have any questions or would like to discuss further the telemedicine industry's perspective, please contact me at kzebley@americantelemed.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley".

Kyle Zebley
Public Policy Director
American Telemedicine Association

⁴ See [CMS Clarifies 2021 PFS Reimbursements for Remote Patient Monitoring](#), *mHealth Intelligence*, 1/21/21

⁵ See <https://www.cchpca.org/about/about-telehealth>