



March 19, 2021

The Honorable Joshua Miller
Chair, Rhode Island Senate Health and Human Services Committee
Rhode Island State Senate
82 Smith St.
Providence, RI 02903

The Honorable Bridget Valverde
Vice Chair, Rhode Island Senate Health and Human Services Committee
Rhode Island State Senate
82 Smith St.
Providence, RI 02903

ATA OPPOSITION TO SENATE BILL 483

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to express our opposition to Senate Bill 483.

The ATA is the only organization dedicated solely to the advancement of telemedicine in the United States. Our primary objective is to provide Americans with affordable, high-quality health care whenever and wherever they need it. The use of telemedicine services eases the burden placed on the nation's health care infrastructure, allowing the system to deliver services to millions more patients efficiently and effectively. 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.

Over the last four years and throughout the ongoing pandemic, the use of the appropriate telemedicine technologies in the delivery of ocular care has benefitted patients across Rhode Island. Senate Bill 483 represents a step backwards for Rhode Island's state telemedicine policy as it relates to ocular care, as it would make it much more difficult for Rhode Islanders to access their ocular care services in a safe and efficient manner.

First, the ATA opposes language in the bill, specifically that in 23-95-4(2), which would prohibit optometrists and ophthalmologists from using data and information obtained from assessment mechanisms as defined in 23-95-2 as the sole basis for issuing an initial prescription for contact lenses or a follow-up or first renewal of the initial prescription. This proposed prohibition on the use of this technology has no clinical basis and is unsupported by peer-reviewed studies. As such, it is an arbitrary, anti-competitive barrier to affordable, quality care.



As patients and consumers seek out more convenient and affordable means of accessing health care services, state legislatures should not pick and choose which modalities are more appropriate than others in the delivery of those services. Instead, lawmakers should defer this decision to licensed medical professionals who are qualified to determine which technologies are necessary to meet the standard of care for the condition presented by the patient. This provision would ban the use of technology in the delivery of ocular telemedicine in Rhode Island, reversing a policy that has benefitted thousands of the state's residents throughout the last four years by allowing them to renew their contact lens prescriptions from the comfort and safety of their homes. Especially in the context of the COVID-19 health crisis, it is essential that state legislatures are crafting statutory frameworks which create pathways for their constituents' safe and easy access to health care services.

Additionally, our organization has concerns about language in the bill which requires patients to have an in-person eye examination at least once every 24 months before receiving visual aid glasses or contact lenses. While the ATA understands that the legislature wishes to maximize patient safety, the 24-month condition presented in Senate Bill 483 is both arbitrary and clinically unjustified. According to the Center for Disease Control and Prevention (CDC), recommendations as to how often patients should engage in an in-person examination are formulated by ocular care professionals after taking a patient's age, medical history, and other factors into consideration. Practitioners may instruct their contact lens-wearing patients to receive a yearly contact lens check; however, this can be done safely and efficiently using the appropriate telemedicine technologies. Mandating that patients receive in-person examinations every 24 months in order to obtain their glasses and contact prescriptions presents unnecessary barriers in their efforts to access ocular care. The ATA maintains that licensed health care professionals can leverage the innovations in technology to reach more patients in a more affordable manner. Arbitrary requirements that mandate "in-person" office visits present barriers to patients who want to access health care through telemedicine technologies. Such requirements that are presented without clinical substantiation should be viewed as anti-competitive provisions and not in the public interest.

Thank you for your interest in ocular telemedicine. We urge you and your colleagues to consider our concerns and the consequences for Rhode Island patients if this legislation were passed in its current form. Please let us know how we can be helpful in your efforts to adopt sensible telemedicine policy in your state. 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