



April 14, 2021

The Honorable Marvin L. Abney
Chair, Rhode Island House Finance Committee
Rhode Island House of Representatives
82 Smith St.
Providence, RI 02903

The Honorable Scott Slater
First Vice Chair, Rhode Island House Finance Committee
Rhode Island House of Representatives
82 Smith St.
Providence, RI 02903

The Honorable Alex Marszalkowski
Second Vice Chair, Rhode Island House Finance Committee
Rhode Island House of Representatives
82 Smith St.
Providence, RI 02903

RE: ATA COMMENTS ON HOUSE BILL 6032

Dear Chair Abney, First Vice Chair Slater, and Second Vice Chair Marszalkowski:

On behalf of the American Telemedicine Association and the over 400 organizations we represent, I am writing to comment and offer some language amendments on House Bill 6032.

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 in an efficient 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.



The ATA maintains that state policies related to telemedicine delivery should be technology-neutral, thereby enabling a health care professional to practice as efficiently and effectively as possible. In short, our organization believes that state governments should not pick winners and losers in telemedicine innovation; rather, it should craft public policy that encourages such innovation. In the instances when state legislatures determine that it is necessary to limit the application of technology in health care, they should do so based on sound clinical justification.

We applaud the Rhode Island Legislature for including audio-only telephone communications in the proposed definition of telemedicine. However, we urge the Committee to consider a truly technology-neutral approach to defining telemedicine, one that explicitly allows for the use of both synchronous (real-time) and asynchronous (non-real-time) modalities independently as may be appropriate in the delivery of health care services.

Across the country, providers are relying increasingly on asynchronous (or store-and-forward) telemedicine technologies, including email, text messaging, and internet telecommunications, to establish relationships, perform patient evaluations, and appropriately prescribe medication in many fields. Additionally, the use of asynchronous technologies, which can be utilized even with mediocre bandwidth connections, allows patients who lack access to reliable internet connections to communicate effectively with their providers from the comfort of their homes. The revisions proposed above would make it clear that practitioners can use their expertise and experience to determine which technologies are appropriate to meet the standard of care for the condition presented by the patient. Moreover, this amended definition would reflect current practice in Rhode Island and across the country during the pandemic.

The ATA also supports language in the bill which prohibits public and private health insurers from excluding for coverage medically necessary health care services provided via telemedicine. This provision would make it easier for Rhode Island residents to access quality health care whenever and wherever they need it without having to worry about the potential financial burdens associated with receiving that care.

Regarding the reimbursement rate for healthcare services rendered through telehealth technologies, the ATA believes 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.



ATA is confident that the recommended changes will increase access to care, enhance the efficiency of Rhode Island's health care industry, and allow more patients to get the care they want, need, and deserve. The changes are essential for the continued development and implementation of telemedicine technologies and will benefit patients and practitioners alike.

Again, we thank you for your support of telehealth. We encourage you and your colleagues to amend and pass House Bill 6032. Particularly during a global pandemic, it is critical that Rhode Island residents can access high-quality, affordable health care as easily and safely as possible. Please do not hesitate to let us know how we can be helpful to your efforts to advance common sense telemedicine policy in Rhode Island. If you have any questions or would like to further discuss the telemedicine industry's perspective, please contact me at kzebley@americantelemed.org.

Kind regards,

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

Kyle Zebley
Public Policy Director
American Telemedicine Association