



May 7, 2021

The Honorable Lee Hein  
Chair, Iowa House Ways and Means Committee  
Iowa House of Representatives  
1007 E. Grand Ave.  
Des Moines, IA 50319

The Honorable Carter F. Nordman  
Vice Chair, Iowa House Ways and Means Committee  
Iowa House of Representatives  
1007 E. Grand Ave.  
Des Moines, IA 50319

The Honorable Dave Jacoby  
Ranking Member, Iowa House Ways and Means Committee  
Iowa House of Representatives  
1007 E. Grand Ave.  
Des Moines, IA 50319

## **RE: ATA OPPOSITION TO HOUSE FILE 893**

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing you to express our concerns about problematic language in House File 893 regarding mental health services provided via 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 the ability to receive affordable, first-rate health care, including mental 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.

House File 893 represents a worrisome step backward for Iowa's state telemedicine policy regarding mental health. The proposed legislation revises the state's definition of telehealth as it



relates to mental health services in the insurance title, defining telehealth to mean the delivery of health care services only through the use of real-time interactive audio and video or other real-time interactive electronic media, regardless of where the health care professional and the covered person are each located. This excludes the use of asynchronous technologies that are routinely used to treat patients today.

The ATA opposes the adoption of this restrictive definition of telehealth. As patients search for more convenient and affordable ways to access high-quality health care, our organization maintains that state policymakers should not pick winners and losers in terms of the modalities used to deliver telehealth services. So long as the practitioner providing health care services has determined, in his or her professional opinion, that the standard of care is being met, he or she should be able to use the full range of appropriate telehealth technologies, whether they be synchronous (real-time) or asynchronous (non-real-time), to treat the condition as presented by the patient.

Asynchronous technologies are particularly useful in the delivery of mental health services in that they can be utilized even without reliable broadband connection. In confining mental health care providers to the use of synchronous technologies when providing care, the legislature makes receiving mental health services more difficult for the 300,000 Iowans who do not have access to the high-speed internet necessary to operate synchronous technologies. Moreover, the use of certain asynchronous technologies, such as text messages, allows therapists to communicate with those with serious psychological conditions, like post-traumatic stress disorder, in a manner most comfortable for the patient.

The ATA supports the legislature's efforts to ensure that health carriers reimburse providers for services provided by telehealth to a covered person for a mental health condition on the same basis as mental health care services provided in person. This mandate would make it easier for Iowa residents to access quality health care without having to worry about the potential financial burdens associated with receiving that care. Regarding the rate of reimbursement for mental health 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.

In the context of the ongoing COVID-19 pandemic, it is essential to make it easier for Iowa residents to access affordable, quality mental health care through telehealth. We believe that House File 893 would make it substantially more difficult for Iowans to receive this care. We encourage you and your colleagues to implement telehealth-related policies that empower providers to utilize an assortment of technologies and allow for flexibility regarding future technological developments. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in your state. If you have any questions or



would like to engage in additional discussion regarding the telehealth industry's perspective, please contact me at [kzebley@americantelemed.org](mailto:kzebley@americantelemed.org).

Kind regards,

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

Kyle Zebley  
Public Policy Director  
American Telemedicine Association