



January 23, 2023

Chair Lee
jlee@ndlegis.gov
Senate Committee on Human Services
State Capitol
600 East Boulevard
Fort Lincoln Room
Bismarck, ND 58505-0360

RE: ATA ACTION SUPPORT WITH AMENDMENT FOR SENATE BILL 2160

Dear Chair Lee and the North Dakota Senate Committee on Human Services,

On behalf of ATA Action, I am writing you to express our support for and offer comments on Senate Bill 2160 relating to health insurance coverage of telehealth.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth coverage and fair payment policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

Senate Bill 2160 serves as a step forward for ensuring patient access to telehealth in North Dakota, however there are some changes to the bill language ATA Action suggests the Committee adopt. ATA Action appreciates your efforts to clarify rules on telehealth and safeguard the ability for patients to receive insurance coverage for telehealth services. However, ATA Action recommends clarifying the language regarding audio only modality and including telemonitoring services for purposes of telehealth coverage.

We appreciate the inclusion of “audio-only” communication for purposes of authorized telehealth service, however, we find this appears to conflict with section g(4) which states that telehealth does not include care provided solely via a “telephone conversation.” As telephone conversations are an “audio-only” modality, ATA Action recommends striking “telephone conversation” from subsection g(4). Not doing so, and passing this legislation as is, risks considerable provider confusion over what types of audio-only modalities may be allowed.

Overall, ATA Action supports a modality neutral approach so that patients and doctors have the freedom to decide the most effective care delivery that works for them on a case-by-case basis.

ATA ACTION

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So long as the standard of care is met, audio-only or asynchronous care increases access to care, particularly for vulnerable communities. Rural and low-income populations often experience difficulty receiving care because of technological or convenience barriers, which can be overcome by different telehealth modalities, especially audio-only telephone calls.

Additionally, it appears the bill creates a new definition of “telemonitoring services”, commonly referred to as “remote patient monitoring” (“RPM”), and then excludes these telemonitoring services from the definition of telehealth. RPM is simply another way for providers to efficiently gather patient data and better inform healthcare decision making. RPM can especially assist patients who deal with chronic or acute health illnesses. Evidence shows RPM is increasingly an invaluable component of providing healthcare, especially in rural areas.¹ RPM can be used to bridge the gap between rural/low income North Dakotans and effective healthcare by eliminating the need for extensive travel or a large time commitment to receive care. Highlighting this rural impact, a recent healthcare publication even noted “RPM is helping to bring about the efficiency short-staffed rural hospitals so desperately need through a technology-based team approach to patient care.”²

In line with the above-mentioned tech neutral policy principles and given the evidence showing the effectiveness of using RPM, ATA Action believes that RPM is an integral part of the future of telehealth that should be covered by insurance as with any other healthcare service. Therefore, ATA Action suggests including telemonitoring services for the purposes of the definition of telehealth.

ATA Action is not alone in its opinion of RPM; the Federation of State Medical Boards, founded in 1912 and comprised of 71 state medical and osteopathic boards, recommended including RPM for purposes of telehealth delivery in their recently released model telemedicine guidelines, stating remote patient monitoring can “permit physicians to obtain medical histories, give medical advice and counseling, and prescribe medication and other treatments.”³

The North Dakota Division of Medical Assistance Regulations also endorses RPM for purposes of Medicaid coverage in their revised regulations released in October 2022, which provide for similar coverage of “Home Health Telemonitoring.”⁴ ATA Action recommends that coverage for telehealth services should be tech-neutral, whether that coverage is public or private payer reimbursed.

¹ See Managed Healthcare Executive, “How Rural Hospitals Are Benefiting from Remote Patient Monitoring”, March 30, 2022, <https://www.managedhealthcareexecutive.com/view/how-rural-hospitals-are-benefiting-from-remote-patient-monitoring>

² Id.

³ See Federation of State Medical Boards, “The Appropriate Use of Telemedicine Technologies in the Practice of Medicine”, page 3, April 2022, <https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf>.

⁴ See North Dakota HHS, “North Dakota Medicaid and Other Medical Assistance Programs General Information for Providers”, page 65, October 2022, <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf>



Thank you again for your support for telehealth. We support the passage of this bill with the revisions outlined above in the interest of expanding North Dakotans' access to affordable, high-quality care. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in North Dakota. If you have any questions or would like to engage in additional discussion regarding the telemedicine industry's perspective, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", is written over a light gray circular stamp.

Kyle Zebley
Executive Director
ATA Action