



January 10, 2024

Hon. Annette Cleveland
Chair, Senate Health and Long-Term Care Committee
Washington State Senate
PO Box 40466
Olympia, WA 98504-0466

RE: ATA ACTION COMMENT LETTER IN SUPPORT OF SB5821

Dear Chair Cleveland and members of the Washington Senate Health and Long-Term Care Committee,

On behalf of the ATA Action, I am writing you to express support for SB5821.

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.

Last year the Legislature passed SB5036 to extend the sunset date on insurance reimbursed audio-only telemedicine services to July 1, 2024 in order to provide the Legislature an opportunity to review a report on the matter released by the Office of the Insurance Commissioner (“the Commissioner”) on November 15th, 2023.¹

Through collaboration with the Washington State Health Care Authority and the Washington State Telehealth Collaborative, the Commissioner reviewed studies and collected data on utilization trends related to telemedicine audio-only services in the state. The report details some interesting findings. First, audio-only care was used across many different telemedicine services² but is particularly useful for increasing access to behavioral health care services while Washington is in the midst of a shortage of behavioral care providers.³ Audio-only services are also likely to “disproportionately benefit underserved populations and people living in rural communities” and are unlikely to be associated with incidences of disciplinary actions against providers.⁴ Finally, the Commissioner recommends that the “Legislature should sustain

¹ *Audio-only telemedicine*, Off. Of the Ins. Comm. (Nov. 15, 2023).

² *Id.* page 19.

³ *Id.* page 5 and 27.

⁴ *Id.* page 27.

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901 N. Glebe Road, Ste 850 | Arlington, VA 22203
Info@ataaction.org



requirements for health carriers, state and school employee benefit programs...and Medicaid-managed care organizations to cover audio-only telemedicine services.”⁵

ATA Action wholeheartedly agrees with the Commissioner’s recommendation. Furthermore, it should be noted that audio-only services will always be important for reaching Washingtonians who may have difficult affording, or those who live in areas with structural access challenges to, quality broadband services, a necessary prerequisite for easy use of synchronous audio-visual technologies. As Governor Jay Inslee noted in a June article in Medium, “there are still nearly 230,000 households in Washington that do not use broadband services, according to the Federal Communications Commission.”⁶

Finally, ATA Action would like to emphasize its commitment to supporting technology-neutral language in telemedicine statutes. Our members believe that providers should be able to utilize the full range of telemedicine modalities to also establish a patient-provider relationship so long as the provider is capable of obtaining the patient’s consent for the use of telemedicine as an acceptable mode of delivering medical services, revealing their identity and credentials, and verifying the patient’s identity while utilizing them.

Therefore, we urge the legislature to take this opportunity to also make clear in statute--separate from the issue of coverage and reimbursement--that a relationship can be formed via telemedicine technologies like audio-only when consistent with the standard of care. This is currently proposed in SB5481 and also the position adopted by the Federation of State Medical Boards’ in their model guidance on “The Appropriate Use of Telemedicine Technologies in the Practice of Medicine.” The guidance states that “Physician-patient relationship may be established via either synchronous or asynchronous telemedicine technologies without any requirement of a prior in-person meeting, so long as the standard of care is met.”⁷

Thank you for your support of telehealth. We encourage you and your colleagues to support SB5821 to ensure easy and efficient access to high-quality health care services in Washington. Please do not hesitate to let us know how we can be helpful to your efforts to advance common-sense telemedicine policy. If you have any questions or would like to discuss the telemedicine industry’s perspective further, please contact me at kzebley@ataaction.org.

Kind regards,

⁵ Id. page 27.

⁶ Gov. Jay Inslee, *Making “internet for all” possible in Washington*, Medium (June 27, 2023), <https://medium.com/wagovernor/making-internet-for-all-possible-in-washington-3160670364bd>.

⁷ *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, Fed. Of State. Med. Boards, page 6 (April 2022), <https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf>.



Kyle Zebley
Executive Director
ATA Action