



February 14, 2024

The Honorable Marcus Riccelli  
Chair, House Health Care & Wellness Committee  
Washington State Legislature  
320 John L. O'Brien Building  
504 15th Ave SW  
Olympia, WA 98501

The Honorable Jessica Bateman  
Vice Chair, House Health Care & Wellness Committee  
Washington State Legislature  
317 John L. O'Brien Building  
504 15th Ave SW  
Olympia, WA 98501

**RE: ATA ACTION SUPPORT OF SB 5481**

Dear Chair Riccelli, Vice Chair Bateman and members of the Health Care & Wellness Committee,

On behalf of ATA Action, I am writing you to express support for Senate Bill 5481 to adopt the Uniform Law Commission's (ULC) Uniform Telehealth Act.

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.

ATA Action is grateful to the sponsors of this legislation and to the Committee for hearing this bill, which will enact the ULC Uniform Telehealth Act. The ULC is a highly respected nonpartisan organization, founded in 1892, and is responsible for numerous model laws adopted by states across the country. ATA Action was an observer throughout the ULC's thoughtful process, which spanned over two years and incorporated perspectives from providers, patients, legal experts and other healthcare stakeholders to develop a uniform telehealth regulatory framework that expands access to telehealth and ensures patient safety. The final result – the Uniform Telehealth Act – has ATA Action's support and fulfills many of ATA's core principles.<sup>1</sup>

SB 5481 reflects the ULC's Uniform Telehealth Act and, if enacted, will serve as a step forward for patient choice and access to quality care in Washington. The legislation will provide clear guidance

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<sup>1</sup> ATA Policy Principles, July 22, 2020. <https://www.americantelemed.org/policies/ata-policy-principles/>



to telehealth providers to meet patients where they are for the provision of services, including for establishing practitioner-patient relationships, so long as those services can meet the standard of care. ATA Action strongly supports the provisions of SB 5481 which will make clear in statute – separate from the issue of coverage and reimbursement – that a relationship can be formed via telehealth when consistent with the standard of care. This is 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,” which 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.”<sup>2</sup>

SB 5481 also makes clear that non-physician providers, such as advanced registered nurse practitioners, physician assistants, and all persons authorized to practice a health profession treating Washington patients, may use telehealth technologies consistent with their scope of practice to deliver care where appropriate.

ATA Action applauds the Legislature’s attempt to establish a technology-neutral definition of telehealth for purposes of practice. Our organization believes that licensed practitioners should be able to utilize the full range of available telehealth technologies while delivering virtual care, so long as the technologies being used are appropriate to meet the standard of care for the patient. We understand there are some questions because SB 5481 includes a definition of telehealth that is different than the definition of telemedicine for insurance purposes under RCW 41.05.700, which would result in the technologies a provider may use as a matter of practice to be broader than what telehealth technologies will be subject to statutory reimbursement. While ATA Action supports coverage and reimbursement for all forms of telehealth, we recognize that differing definitions between practice and payment statutes<sup>3</sup> are not unique (or limited to telehealth care delivery) and should not hinder the legislation from moving forward.

Finally, ATA Action also supports how this legislation considers how to better enable the delivery of telehealth services across state lines. Specifically, we support the legislation defining the circumstances – in the form of provider consults and specialty consults– in which out-of-state practitioners are authorized to deliver care without any licensure or registration. We recommend the Legislature to consider adding additional exemptions for continuity of care, much like the recent Federation of State Medical Boards’ Appropriate Use of Telemedicine Technologies in the Practice of Medicine,<sup>4</sup> and are also encouraged the bill calls for the Washington Collaborative to explore the ULC’s proposal for registration as an additional authorized pathway for out-of-state providers to deliver care to Washington patients.

<sup>2</sup> *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>.

<sup>3</sup> California, for example, clearly permits providers to form relationships via synchronous or asynchronous telehealth modalities, but its Medicaid program will not reimburse a Medicaid provider (seeking reimbursement) may not establish a new patient relationship with a Medicaid beneficiary via asynchronous store and forward or audio-only absent limited circumstances. ([See here](#))

<sup>4</sup> *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, The Federation of State Medical Boards Workgroup on Telemedicine, April 2022. <https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf>

#### **ATA ACTION**

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



Thank you for your support for telehealth. We encourage you and your colleagues to support SB 5481 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 in your efforts to advance common-sense telehealth policy. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", is written over a faint, light-colored rectangular background.

Kyle Zebley  
Executive Director  
ATA Action