



March 12, 2025

The Honorable Rob Nosse
Chair, House Committee on Behavioral Health and Health Care
Oregon State Legislature
900 Court St. NE, H-277
Salem, Oregon 97301

RE: ATA ACTION CONCERNS REGARDING HOUSE BILL 3727

Dear Chair Nosse and members of the Committee on Behavioral Health and Health Care,

On behalf of ATA Action, I am writing to you to express our concerns regarding House Bill 3727 and to request that you do not advance this legislation without substantial changes.

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.

House Bill 3727 would allow physicians or physician assistants to treat patients “temporarily located out of state” if the provider already has an established patient-provider relationship and notifies the Oregon medical Board and the licensing authority of the jurisdiction where the patient is located. Although ATA Action greatly appreciates this legislation's commitment to advancing telehealth access, particularly across state boundaries, this bill is unenforceable with regard to telehealth practice outside Oregon and runs counter to the originating site legal framework under which telehealth operates.

In all fifty states, telehealth providers are subject to the laws of the “originating site,” which is where the patient is physically located, not where the practitioner is physically located. This ensures that states can regulate the care being provided to their own residents within their own state boundaries. The downside, as traveling Oregon patients may have discovered, is that many states have not yet adopted cross state licensure or registration schemes which allow continuity of care via telehealth across state lines. However, only those other states have the power to determine which providers are allowed to practice within their own state boundaries.

For example, under current law, an Oregon physician can treat an Oregon resident visiting their family in Kentucky via telehealth only if that doctor is licensed in Kentucky (per Kentucky law).

ATA ACTION

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This same Oregon physician could also treat a patient via telehealth vacationing in Minnesota without a Minnesota license, so long as the physician does not open a practice in the state, annually registers with the state medical board, and observes a few other simple Minnesota requirements. But in either case, Oregon cannot authorize this physician to treat Oregon residents temporarily in Kentucky or Minnesota without that physician meeting the legal requirements in those states. Such a rule is unenforceable with regard to Kentucky and Minnesota law.

Furthermore, ATA Action cautions against advancing legislation that could be inferred to mean states can restrict otherwise legal, outbound telehealth practice. If a physician residing in Oregon is legally allowed to provide telehealth services in another state, the physician should not need Oregon permission to provide such services. Through the written notification requirement in section 4(A), this bill suggests that Oregon permission may otherwise be required.

To reiterate, we agree with and support state policies that provide additional authorizations to allow out-of-state providers to treat an in-state patient, particularly for continuity of care purposes where a provider already has a relationship with a patient. Oregon has already made great progress in this area as established in ORS 667.137(d) which allows for licensed physicians or physician assistants located outside Oregon with an established physician-patient relationship with a person who is in Oregon temporarily to provide care without Oregon licensure in certain conditions.

While we understand and support the intentions of this legislation to make the same flexibility available to traveling Oregon patients as Oregon has afforded to patients temporarily in Oregon, this bill does not align with originating site legal framework under which telehealth operates and should not move forward without substantial changes.

Thank you for your support for telemedicine. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telemedicine policy in Oregon. 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 that reads "Kyle Zebley". The signature is fluid and cursive, with the first name "Kyle" and last name "Zebley" clearly distinguishable.

Kyle Zebley
Executive Director
ATA Action