



June 10, 2025

The Honorable Curtis VanderWall  
Chair, House Health Policy Committee  
The Michigan House of Representatives  
S-1386 House Office Building  
P.O. Box 30014  
Lansing, MI 48909

The Honorable Jamie Thompson  
Majority Vice Chair, House Health Policy Committee  
The Michigan House of Representatives  
N-792 House Office Building  
P.O. Box 30014  
Lansing, MI 48909

The Honorable Karen Whitsett  
Minority Vice Chair, House Health Policy Committee  
The Michigan House of Representatives  
S-588 House Office Building  
P.O. Box 30014  
Lansing, MI 48909

**RE: ATA ACTION COMMENTS ON HOUSE BILL 4558**

Dear Chair VanderWall and members of the Health Policy Committee,

On behalf of ATA Action, I am writing to comment on House Bill 4558 regarding the use of telemedicine in optometric care.

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 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 supports the legislature's efforts to enable the use of telemedicine technologies in the practice of eye care in Michigan. House Bill 4558 takes some meaningful steps to increase access to quality care through telehealth. The proposed legislation allows eye doctors to examine and evaluate their patients using telemedicine so long as the standard of care is maintained at the same level as if the examination and evaluation were performed in person. The language in House Bill 4558 does not alter the standard of care in Michigan or allow practitioners to engage in a comprehensive eye examination via telemedicine technologies. Instead, it enables eye doctors to renew their patients' contact lens prescriptions virtually. Simply put, allowing licensed practitioners to provide these ocular care services

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via the appropriate technologies would grant Michigan residents the opportunity to access high-quality, affordable health care at any place and any time, including from the comfort and safety of their homes. This is yet another example as to how innovative technologies can expand access to affordable, quality care.

While passage of this legislation would serve as an important step forward for access to telemedicine ocular care for Michigan patients, ATA Action encourages the legislature to steer clear of blanket limitations on provider practice. Although the two-year, in-person examination requirement in this legislation may appear to be reasonable in most situations, ATA Action believes state licensed providers following the standard of care, should make these determinations on a case-by-case basis from each patient, rather than state law making these decisions for them. ATA Action also supports providers practicing at the top of their license, meaning restrictions on their ability to prescribe should be equivalent to prescribing restrictions on in-person practice.

Notably, these limitations would be felt hardest by those in rural or underserved areas, for whom the cost and logistical challenges of achieving an in-person appointment are greater. Instead of including these mandates on care, legislators should emphasize telemedicine providers' obligation to following the standard of care—meaning telemedicine services should be just as efficacious as in-person care—which would more effectively increase patient access and allow providers to better reach rural and working-class persons.

Thank you for your support for telehealth. We encourage you and your colleagues to support this legislation while also considering the comments raised above. This bill remains a positive step for Michigan patients by expanding their healthcare flexibility. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in Michigan. If you have any questions or would like to engage in additional discussion regarding the telehealth industry's perspective, please contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

Kyle Zebley  
Executive Director  
ATA Action