



**National
Business
Group on
Health**

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Creative Health Benefits Solutions for Today. Strong Policy for Tomorrow

July 18, 2014

The Honorable Doris Matsui
2434 Rayburn House Office Building
Washington, DC 20515

The Honorable Bill Johnson
1710 Longworth House Office Building
Washington, DC 20515

Dear Representatives Matsui and Johnson:

The National Business Group on Health writes in strong support of H.R. 3750, the Telehealth Modernization Act, which would make great strides in promoting telehealth services nationwide. Specifically, your bill would foster telehealth by setting a federal standard for telehealth and incentivize states to adopt broader, more uniform telehealth policies.

The National Business Group on Health represents approximately 395, primarily large, employers (including 66 of the Fortune 100) who voluntarily provide generous health benefits and other health programs to over 55 million American employees, retirees, and their families.

As you know, Medicare and all 50 states have different rules on provider licensure, facility requirements, and the scope of services that can be provided using telehealth technology. H.R. 3750 will be particularly helpful in rural areas, poorly-served urban areas, areas with specific provider shortages, and for employers by making it easier, particularly for multistate employers, to conveniently and uniformly offer telehealth services to employees regardless of the state they work or reside in.

The National Business Group on Health believes in telehealth policies that:

- Maintain maximum flexibility for employers to offer telehealth services to their populations (including access across state lines, to increase rural access, etc.)—without having to deal with different provider licensure, facility, and scope of services requirements;
- Use telehealth to supplement, but **not** supplant or substitute regular sources of care, particularly primary care;
- Assure that telehealth augments and improves the quality and coordination of care and is not detrimental to it and does not further fragment care;
- Cover a wide array of technology (video conferencing, telephone and telephone-only, store and forward technologies, remote patient monitoring and mobile health (mhealth) technologies) to deliver telehealth services;

- Recognize appropriate limits and conditions on the use of telehealth for controlled substances and other medications where appropriate physician supervision is desirable (e.g., narcotics or some mental health medications);
- Ensure that telehealth does not promote wasteful, unnecessary or fraudulent care; and
- Ensure that telehealth providers follow all applicable state and federal privacy and information security rules/laws.

Specifically, we strongly support H.R. 3750's provisions that would:

- Establish a federal "telehealth" standard that also removes restrictions and ensures that any state licensed health care professional (including nurses, nurse practitioners, etc.) can deliver higher quality health care services from any location (certain serious conditions may require clinical facilities - such as follow up visits for cardiac care, etc.). A strong, federal telehealth standard would remove the restrictions in the remaining states that do not allow telehealth that occur when people access telehealth services from employment sites, kiosks or residences. We also recommend that the telehealth definition include telephone and telephone-specific services. However, as additional broadband services become available and add value, providers using telephone-only services should expand to enable access to video conferencing services for patient consults.
- Include a broad definition of "health care professionals", which is necessary to respond to the current and projected shortage of primary care physiciansⁱ and Registered Nurses (RN)ⁱⁱ, and to transition towards team-based coverage and coordinated care under patient-centered medical homes (PCMHs) and Accountable Care Organizations (ACOs).
- Urge the states to pass laws that:
 - Allow the establishment of a physician-patient relationship for telehealth services to be made electronically, as long as physicians have the medical histories and current information about patients' medical care and conditions prior to initial telehealth consultations. A major barrier to telehealth is that many state laws, and Medicare and Medicaid, often require face-to-face contact to establish physician-patient relationships for a number of health care services, or for providers to have prior in-person relationships with their patients to issue prescriptions.

We also recommend including four specific provisions, with the caveats below, from the Federation of State Medical Board's (FSMB) "Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine"ⁱⁱⁱ that are not included in H.R. 3750 to strengthen access to high quality telehealth services. Specifically, we recommend that H.R. 3750 include the FSMB provisions that would:

- Fully verify and authenticate the locations and identities of the requesting patients and providers, including providing access to providers' applicable credential(s) to ensure the accurate use and safety of telehealth services;

- Require informed consent, along with the option for patients to provide the consent electronically, so that patients are fully informed about any risks and benefits of using telehealth before receiving any services;
- Integrate telehealth with traditional medical care services by ensuring that encounters are documented and shared with other providers in a timely way to ensure the coordination and continuity of care; and
- Require telehealth providers to have plans for the prompt referral of patients to acute care facilities or emergency rooms when they require immediate, in-person treatments.

The National Business Group on Health appreciates your efforts to enact H.R. 3750 to clarify the scope of health care services that can be safely delivered using telehealth. Please contact me or Steven Wojcik, the National Business Group on Health's Vice President of Public Policy, at (202) 558-3012, if you would like to discuss our comments in more detail.

Sincerely,



Brian J. Marcotte
President and CEO

ⁱ Schwartz, Mark. *Health care reform and the primary care workforce bottleneck*. Journal of General Internal Medicine. 2012, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3304030/>

ⁱⁱ Jurashek, Stephen. Et.al. *United States Registered Nurse Workforce Report Card and Shortage Forecast*. American Journal of Medical Quality. May/June 2012, <http://ajm.sagepub.com/content/27/3/241.abstract>

ⁱⁱⁱ FSMB. Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine. April 2014, http://www.fsmb.org/pdf/FSMB_Telemedicine_Policy.pdf