



TAHP Recommends Private Market Solutions for Telemedicine's Future in Texas

At the intersection of health care and technology lies an important tool that is already opening the doors to quality health care for millions of Americans, with the potential to help millions more: telemedicine.

Telemedicine offers a personalized and convenient alternative to visiting an emergency room, urgent care center, or doctor's office for non-emergency medical needs. The use of telemedicine has already proven successful in reaching rural or underserved populations, helping to better manage chronic conditions, achieving cost-savings for consumers, and reducing the number of unnecessary hospitalizations.

TAHP supports the use of telemedicine to improve access to health care and convenience, while also reducing health care costs. Many

TAHP members have already made significant strides in providing telemedicine services to their members.

As policymakers debate the future of telemedicine in Texas, TAHP will be advocating for free-market principles that allow the telemedicine industry to grow and become a more viable option for Texans to access quality, convenient and low-cost health care services for appropriate medical needs. TAHP does not support limiting access to or stifling the growth of telemedicine through overly restrictive regulations or artificial barriers that encourage unnecessary and costly emergency room visits, hospital admissions, tests or procedures. We also do not support benefit, contract or payment mandates that create higher premiums costs for Texans and their employers.

Telemedicine Should Be Acknowledged, But Not Mandated Under State Law

- Access to appropriate and timely health care services is essential to improving the quality of health care delivered to patients. Telemedicine is especially valuable in addressing provider shortages, whether in rural areas or where limitations on certain specialties create access challenges. The evolving use of this technology also increases access to providers within health plan networks, which addresses network adequacy in a way that is more convenient for patients.
- Telemedicine has the potential to be effective in a variety of settings, although focusing efforts in communities that can most benefit should be prioritized. Mandating that all insurance policies provide telemedicine services is unnecessary and has the potential to increase costs for all customers. Telemedicine may take a variety of approaches, some that may involve significant investment and some that may utilize a patient's own home computer or smart phone. Mandating the use of such technology is not practical until health plans have incorporated the right type and scope of technology that makes sense for the health plan, the providers, and patients.
- Telemedicine may require technology investment and privacy standards by the originating site, the telemedicine service provider, and/or the distant site practitioner. An evaluation of the availability of existing telemedicine system capabilities and potential cost impacts on health systems should be done prior to developing legislation or regulation.
- Health plans may include telemedicine services in a variety of ways within health plan networks. Health plans should have the ability to ensure telemedicine services meet each of their high internal quality standards for care given to enrollees. This is another important reason why mandating such services may not be prudent. Moreover, health plans may need to limit telemedicine services to contracted providers in order to provide high-quality services, through secure and private technology, rather than allowing any or all telemedicine providers to see health plan enrollees. Doing so would also minimize fraud and abuse by allowing plans to conduct necessary oversight and ensure appropriate controls and safeguards are in place.

Texas Should Support Choice and Flexibility in Telemedicine Technology Use

- Telemedicine legislation should not be prescriptive regarding the technology that providers and patients must utilize. With telemedicine technology continually evolving, a state mandate for a particular type of technology for telemedicine services would limit the options available and those that are still evolving. These programs and policies are being designed around the needs of patients, providers, and health plans. They should not be limited by current standards, but instead should have the flexibility to evolve as newer modalities become available.
- All telemedicine services must ensure that the technology utilized complies with the Privacy and Security Rules of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 C.F.R. Parts 160 to 164) (HIPAA). Use of common mobile and/or web-based tools/applications (apps) to provide telemedicine services may put individuals' protected health information (PHI) at risk. The technology that such services are provided through must not compromise patient privacy and sound medical practice protocols.

Texas Should Remove Artificial Barriers to the Use of Telemedicine

- **In-Person Visits:** An in-person visit should not be required prior to the use of telemedicine services if it is determined that high quality of care can be maintained without it. There may be cases, however, where an initial in-person visit is necessary. For example, in the event that the patient's physician or a distant site practitioner determines that an in-person visit is needed prior to the use of telemedicine, then clinical decision-making should prevail.
- **Mandating the Use of Clinical Origination Sites or Distant Site Practitioners:** There may be times when a telemedicine service needs to be provided at an authorized clinical site, and there are also cases when the service modality can be used effectively in non-clinical settings. Therefore the use of clinical origination sites or distant site practitioners should not be mandated. In all cases, it is necessary to ensure patient safety and to provide high quality of care and to ensure that telemedicine technology protects patients' privacy according to HIPAA standards. Legislation should acknowledge the various types of telemedicine that are available and not require stringent location requirements that may hamper the ability for telemedicine to meet patient needs.

Reimbursement Policies for Telemedicine Should Not Be Confused with Routine Patient Customer Service

- Reimbursement for telemedicine must be limited to actual clinical services and not for routine customer service needs. Often, there are times when patients will call or email a physician to ask follow-up questions. For example, patients or pharmacies will call providers to authorize additional refills for prescription drugs or ask a follow-up question on treatment that has been provided. These types of communications are part of a routine service provided to a patient that exists as part of ongoing care management. This is not considered telemedicine and is not appropriate for separate reimbursement.



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