February 3, 2021

Good afternoon Chair Prusak, Vice-Chairs Salinas and Hayden, and Members of the House Committee on Health Care.

Today I am providing written testimony in support of HB 2508 which ensures reimbursement of health services provided to patients by telemedicine. I am an Assistant Professor at Oregon Health and Sciences University (OHSU) in the School of Family Medicine. I spend the majority of my days in clinical practice providing primary care to individuals as a Family Nurse Practitioner at the Richmond Clinic in South East Portland. As a primary care provider, my work is to diagnose and treat health problems as well as to provide preventive and maintenance care to those who may have chronic conditions such as diabetes, mental health concerns or heart failure.

With the advent of COVID 19 in spring of 2020, the entirety of our practice at Richmond Clinic changed as we attempted to reduce the spread of this dangerous virus by limiting in person appointments for patients and instead relied on using telemedicine to continue to provide healthcare. We were instructed to trial video visits first so that we could still see and hear our patients. However, due to the simple fact that the population of patients at our clinic have Medicaid and Medicare insurance, the burden of having a smart phone or a computer or even internet service, made that difficult. We often relied on the use of telephones for voice-only visits. Allowing for all types of visits (in person, video and phone) to be reimbursed at the same rates by insurance companies fortifies the equitable distribution of health care across our great state regardless of rural or urban location or income category.

For those skeptical of a phone visit providing adequate care, it was also very disheartening for me at first as well. I enjoy immensely seeing my patients in person, shaking hands and sometimes even hugging as a type of healing for some, so not having as many patients come directly to clinic was difficult. But then something changed: Instead of a schedule of 11 patients in a morning where 3 or 4 do not arrive, every single patient started attending their appointment. By offering the flexibility of a phone or a video visit, a patient that wasn't able to afford gas for their car or a bus ticket could still have their appointment with me. A patient that couldn't take time off work for fear of losing money or the job itself could still have their appointment with me. A patient who was ill, possibly with COVID-19 or maybe just a generic respiratory illness, could still have their appointment and not infect others in the waiting room. A patient who now had children at home to care for during the pandemic to teach in their virtual classrooms could still have their visit with me. A 90 year old with diabetes and heart failure could still have their appointment with me and not risk being exposed on public transportation to the virus.

Simply because the traditional way of seeing a patient in person was flipped on its head and an alternate opportunity arose to be safe and to be accommodating, we have developed a more than adequate substitute that exemplifies patient-centered care. No show rates decreased, patient care levels increased and patients were more engaged with their own health. Beyond providing care where patients are, telehealth has allowed for treating a patient where they are most comfortable as well. This increased comfort can lead to a lack of restriction in developing the patient-provider relationship, which is vital. I've been fortunate to work with patients with opioid use disorder

using this new phone and video technology. Patients that may not have had access before to a clinician able to prescribe life-saving medications like buprenorphine are now able to make appointments even if they live hours away from the clinic. They can stop using heroin or other opioids, avoid the risk of overdose and death simply by offering an alternate way to have an appointment with a qualified provider. Often I've found it difficult to hang up the phone during these visits because a patient will want to talk well beyond the 20 minutes allotted to them.

This pandemic, while tragic and isolating, has allowed for a magical connection for patients and providers so we can continue to instill health. We need to keep this option available for patients to use while also providing commensurate reimbursement for clinicians regardless of visit type. To support equitable access to health care for all Oregonians please support HB 2508

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