



Oregon Office of Rural Health

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Chair Patterson, Vice-Chair Knopp and Members of the Committee,

My name is Robert Duehmig and I am the Interim Director of the Oregon Office of Rural Health (ORH). ORH supports the goals of HB 2508-A to increase coverage and reimbursement by Oregon Medicaid and commercial payers of health services delivered using telemedicine.

The mission of the Oregon Office of Rural Health is to improve the quality, availability, and accessibility of health care for rural Oregonians. Our mission is supported by a Field Services team who work closely with Oregon's 25 Critical Access Hospitals (CAHs) and 102 Rural Health Clinics (RHCs) providing data, analysis, and technical assistance to improve initiatives in quality, finance and operations, population health and rural emergency medical services. Further, the ORH Workforce Services team works directly with these hospitals and smaller rural practice sites to facilitate provider recruitment and retention, as well as provider incentive programs. Just over one third (~35%) of Oregonians live in rural communities; these individuals rely on the services provided by the Oregon CAHs and RHCs.

COVID-19 fundamentally changed how health care is delivered to everyone with disproportional impacts on vulnerable and rural communities. Early in 2020, we pivoted our technical assistance to prioritize helping rural facilities follow and implement state and federal telehealth rules and regulations, as a result of the Public Health Emergency. We presented rapidly changing telehealth policy information in a manner that was easy to understand for our stakeholders. We partner with organizations including the Northwest Regional Telehealth Resource Center (NRTRC) to share work, expertise and resources. In 2016 and 2017, ORH conducted Rural and Frontier Listening Tours where hospitals and clinics shared their challenges with regard to access to behavioral health, primary care and specialty service providers. Telehealth was brought up as a challenge and an opportunity during these Listening Tours as it provides many benefits--especially in a state with a vast rural population like Oregon—in terms of improving access to behavioral health care, primary care and specialty services. In addition to improving access to care for Oregonians, telemedicine can also reduce transportation costs and missed appointments as well as eliminate unnecessary referrals and hospital emergency visits. Yet, RHCs, in particular, experienced challenges in implementing and utilizing telehealth due to distance site rules and payment parity.

When the public health emergency was declared due to COVID-19, RHCs benefited from the resulting temporary rules in terms of improved payments and the ability to act as distance sites. As a result of both the need for telehealth services amid the pandemic and the increased payment that was included in temporary orders, RHCs adopted telehealth at a rate never before seen and patients experienced better access to and utilization of telehealth services.

In December 2020, ORH began a project to understand how Oregon's 102 RHCs are utilizing telehealth to deliver care. To date, ORH has made contact with approximately 75% of Oregon RHCs, and nearly all are offering care via telehealth. This compares to a very small rate prior to the public



health emergency. Common services delivered using this mechanism include primary care, mental/behavioral health, follow-up care and medication management. Nearly all of these facilities mentioned issues with broadband connectivity to patients in their homes necessitating the use of telephone to partially or completely support a visit.

Individuals aged 65 and older make up over 25% of the population in 15 of Oregon's 35 counties. This vulnerable population experiences unique challenges with technology ability, including visual impairment, and dexterity to navigate a keyboard or screen. Again, telephone visits, when appropriate, are vital to this population. Many rural older community members reside in another state during the winter, thus necessitating that their provider is not restricted from providing telemedicine services across state lines.

Finally, rural Oregonians, on average, have greater socioeconomic challenges (the rural population below the federal poverty level is 15.1%, compared to 13.5% in urban, and Oregon's average 14.1%) that creates and exacerbates challenges with health and access to health care. This means that time away from work and travel for medical appointments is a hardship, and that telemedicine, especially telephone, may be the best options for health care services.

Thank you for the opportunity to submit testimony in support of HB 2508-A. We believe that expanding telehealth to all Oregonians is the next step in transforming health care in Oregon, and we respectfully urge you to vote yes on this critical legislation because all Oregonians deserve equal access to telehealth.