



April 26, 2021

The Honorable Deb Patterson  
Chair, Senate Health Care Committee  
Oregon State Capitol  
Salem, OR 97301

RE: House Bill 2508 – Reimbursement parity for telephone and telemedicine visits

Dear Chair Patterson and members of the committee:

As the largest health care provider in Oregon, Providence Health & Services provides telemedicine services across our continuum of care and understands the importance that this technology plays in serving our patients, especially through the COVID-19 pandemic. While House Bill 2508 would increase our reimbursement for telemedicine and telephone services, we have concerns about the scope of this bill and its implications on patient safety and affordability. Providence respectfully requests that the Committee consider amendments that balance increased provider reimbursement with our shared goals related to reducing the total cost of health care for Oregon consumers.

**Remove provisions requiring patients to pay the same for a telephone call as an in-person visit**

As drafted, House Bill 2508 would expand the existing definition of telemedicine to include, “synchronous or asynchronous transmissions using audio only, video only, audio and video and transmission of data from remote monitoring devices.” We recognize these technologies are important methods of supporting patient care, but they are not a one-for-one replacement for an in-person visit, nor do they drive the same value for the patient. Communications including phone calls, emails and remote-monitoring are often reimbursed as part of care management and paid for through value-based payment arrangements. To treat them the same, for reimbursement purposes, as an in-person visit will raise costs without increasing value. Providence would recommend maintaining the current statutory definition of telemedicine services, “synchronous two-way interactive video conferencing.”

**Protect patient safety and promote evidence-based best practices**

If patients are expected to pay the same amount for telemedicine and in-patient services, they should be able to depend on the same level of safety, quality, and privacy. The provisions outlined in Sec. 3 (5) (b-m) restrict the ability of health benefit plans to ensure safe and effective clinical care is provided to members and should be removed. The proposed language forbids health benefit plans from ensuring providers have adequate training to provide health care services, jeopardizing patient safety. Additionally, Providence does not believe it is appropriate to make a statutory assumption that during a future state of emergency we must disregard patient privacy guidelines. Providence recommends removing Sec. 3 (4) and evaluating future exemptions on a case-by-case basis at the state and federal level.

**Remove broad provisions related to provider accountabilities**

The requirements in Sec. 3 (6) go beyond the health plan’s control, particularly when the contracting mechanisms for placing requirements on providers are excluded in the previous section. Providence is

committed to addressing health disparities and improving access to services, including telemedicine, but the provisions outlined in this section need further discussion.

**Align HB 2508 with priorities to reduce the total cost of care and increase value-based reimbursement**

Mandating payment parity with an in-person visit for the range of synchronous, asynchronous, and general patient communication tools required in HB 2508 is counter to the state's goals of driving reimbursement for additional value. Providence would recommend that the Committee consider a temporary two-year period of pay parity. This model would allow providers to adopt new ways of integrating telehealth technologies while also finding efficiencies over time. A sunset provision date would also motivate providers and insurers to move away from traditional fee-for-service reimbursement models that continue to drive up costs for Oregon patients.

Providence appreciates the opportunity to provide feedback on House Bill 2508. We support a sustainable path forward, that establishes reimbursement parity for telemedicine in Oregon while balancing the financial implications this decision will have on patients and total health care spending. Thank you for your consideration, we look forward to participating in future conversations.

Sincerely,

A handwritten signature in black ink, appearing to read "William Olson". The signature is fluid and cursive, with a large initial "W" and a long, sweeping underline.

William Olson  
Chief Operating Officer  
Providence Health & Services - Oregon