

April 27th, 2021

Dear Chair Deb Patterson, Vice-Chair Knopp, and members of the Senate Committee on Healthcare,

My name is Amity Calvin and I'm a resident of Portland, Oregon. I'm writing today to testify in support of House Bill 2508, because Oregonians need full coverage of telehealth services. HB 2508 comprehensively updates Oregon's telehealth statutes for physical, behavioral, and oral health and outlines coverage requirements for public and private insurance.

One of my favorite places in the world is Richmond clinic in Portland. It's a federally qualified health center that serves as a safety net clinic for a large part of the city, and serves a huge number of Oregon Health Plan patients living at or below the poverty line. When I rotated there as a medical student, anywhere from 2-4 times a day I would walk into the room and see the patient anxiously looking at their watch. I became used to asking, "do you have a Rideshare waiting for you?" and they would nod and say they only had 10, 15, or 20 minutes before their ride left without them and would it be okay to see the doctor now? I would tell them I'd go see if the provider was available and let them know they were on a time crunch. Portland non-emergent medical transportation services are well-known/notorious for inflexibility of schedule, which makes a horrible combination with backed-up provider schedules and too little time. And yes, the person knows they're coming to an academic center and the likelihood of having students (adding 20-30min to time in clinic) is high, but that doesn't mean they have any other options.

My most memorable rotation of medical school was with a naturopath who works with patients with incredibly complex multi-systemic disorders. She remains one of the most remarkable providers I've ever worked with. Some of her patients can barely leave their beds because of pain or the limitations that their disorders place on their bodies. I joined the naturopath virtually, and she was able to reach each of her patients exactly where they wanted to be, in the position most comfortable for them. For one, that position was lying flat on their bed, with a neck support collar, and their electric heating pad against their seizing muscles. And they were able to receive outstanding medical care in relative comfort. Had that visit been a forced in-person because of lack of telemedicine coverage, that person would have had to endure an entire day of pain. This is no exaggeration. I saw similar stories play out over and over again.

Of course telemedicine comes with its challenges, and you'd also be hard-pressed to find a provider who can't find anything at fault with it. It can be really hard to examine a 76-year-old's big toe for signs of infection when they can't lift their toe to the camera. It can be really hard to have difficult conversations with a patient when their wifi is cutting out, or if the background is incredibly loud. But all these things come at an enormous benefit to the entire system when healthcare can happen in multiple different ways. The challenges can be worked on- and to start, we need telemedicine to be covered and protected.

Since the pandemic started, Delaware, Colorado, Vermont, Maryland, Maine, and other states have already enacted comprehensive telemedicine legislation. With HB 2508, Oregon has the chance to join these states in passing proactive, future-looking legislation that will take crucial steps toward addressing a serious access issue impacting Oregonians across the state.

Thank you for your consideration,
Amity Calvin
Portland, Oregon