



Senate Health Care Committee
Testimony on SB 697
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AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With 503,000 members in Oregon, AARP works to strengthen communities and advocate for what matters most to families, with a focus on health security, financial stability and personal fulfillment.

AARP Oregon supports expanding telehealth coverage and submits this testimony to raise some concerns with SB 697 in its current form. During the COVID-19 pandemic, changes made to expand the use of telehealth have proven invaluable to thousands of Oregonians. Telehealth has brought care to patients, rather than having patients travel and put themselves and others at risk for possible exposure. In the future, greater use of telehealth services should continue to increase access to health providers, including specialists, facilitate the sharing of clinical information for evaluation, and allow more older Oregonians to remain in their homes and communities.

In addition, during this time, access to telehealth has helped family members monitor the wellbeing of their loved ones and participate in time-sensitive and critical health-care decisions. Telehealth has also benefitted family caregivers in countless ways, including reducing the amount of time and money they spend in coordinating care and lowering their stress level.

We want to highlight a few concerns with SB 697 and our recommended changes:

1. In general, we recommend using the term "telehealth" as opposed to "telemedicine" because "health" is broader than "medicine." We would encourage using the definition from California.¹
2. We are concerned with the change from "provide coverage" to "reimburse the cost" (Section 1(2) and (2)(a) and again Section 2(2) and (2)(a)). We do not want to lose coverage parity; if it's a service a member can receive in-person, they must be able to receive it via telehealth (if feasible). We are unclear what the effect of changing the current language would be on coverage parity.
3. We urge expanding the technology for telehealth practice to expand from the current language that refers to using only "synchronous two-way interactive video conferencing" to also including audio-only communications, "[store and forward](#)" or "asynchronous telehealth services" as allowed and reimbursable. We also support reimbursement for "[remote patient monitoring](#)" which is particularly valuable for individuals with chronic health conditions who do not live close to their specialist.

AARP stands ready to assist on this and other telehealth bills.

¹ "Telehealth' means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers."
<https://www.dhcs.ca.gov/provgovpart/Pages/telehealthdefinitions.aspx>