

January 29, 2020

The Honorable Rachel Prusak, Chair
House Committee on Health Care
900 Court Street, NE
Salem, OR 97301

RE: HB 2508 Support

Dear Chair Prusak:

On behalf of OCHIN, I am pleased to extend our support for HB 2508, which would extend the telehealth flexibilities implemented during the COVID-19 pandemic and ensure patients on Oregon Medicaid have continued to access high-quality care by maintaining parity in reimbursement for their providers. Extending telehealth payment parity after the public health emergency also ensures that Oregon patients who faced access barriers prior to the pandemic would be able to receive medically necessary care via telehealth.

OCHIN is a nonprofit health technology and research organization with two decades of experience transforming health care delivery to advance health equity through technology, data insights, and expertise. OCHIN leads a health information and innovation network committed to improving the integration and delivery of health care services across a wide variety of practices, with an emphasis on clinics and small practices in historically underserved and marginalized communities, as well as critical access and rural hospitals. OCHIN's network of community clinics includes 34 Oregon members that delivered 1.2M patient visits in 2020.

To reduce the risk of contracting COVID-19, Oregon issued an emergency order that authorized telehealth flexibilities for providers to connect with their patients safely. Telehealth ensures patients can access necessary care without risking exposure to the coronavirus or forgoing treatment altogether. During the pandemic, telehealth has been a vital modality for "high-risk" individuals, including seniors and chronically or seriously ill patients. It also helps reduce the spread of the virus by enabling patients who may face higher risk of exposure, due to their front-line employment or high-density living situations, to access care safely from home.

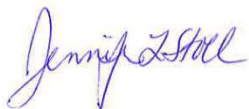
Telehealth has been essential to advancing health care equity. For example, approximately 26% of OCHIN's Oregon Network patients are Hispanic, and 28% of encounters in 2020 were provided in a language other than English, of which 4 out of 5 delivered in Spanish. As a result of the temporary telehealth flexibilities and expansion throughout 2020, 29.2% of OCHIN's patient encounters in Oregon were conducted using telehealth, helping patients receive care without exposing themselves or others to the virus.

Parity for audio-only appointments, as well as interactive or video appointments, is crucial, since about 24% of these telehealth visits were audio-only. These extensions ensure individuals who face access barriers to in-person care, including lack of broadband or smartphones, have been able to receive care via telehealth during COVID-19. Patients who stated they needed housing and transportation support were 6% and 4% more likely to use telehealth, respectively. The continuation of parity in expanded telehealth coverage is essential in order to maintain access to care for high-risk and rural patients throughout the state and to help many others overcome common health care barriers, such as work, transportation, and childcare beyond the pandemic. Of the patients who stated the need for housing support and transportation support

Nationally, the expansion of telehealth during the pandemic did not increase total use and costs. Specifically, OCHIN member clinics saw an increase in telehealth visits that was offset by a decrease of face-to-face visits. The COVID-19 pandemic has demonstrated that telehealth is a vital tool for ensuring access to care and must continue beyond the pandemic. However, it has decreased the revenues of OCHIN member clinics due to lack of payment parity between in-person encounters and telehealth encounters. This disconnect risks losing low cost, quality health care for Medicaid and uninsured patients and furthering potential gaps in health disparities.

HB 2508 ensures patients, particularly Medicaid beneficiaries and most vulnerable communities, can continue to access the full spectrum of health care, including primary care, specialty services, sexual and reproductive health care services, dental care, behavioral health services, and more without threatening the viability of community clinics. Permanently extending telehealth flexibilities, as proposed in HB 2508, is a critical component of advancing health equity and delivery modernization that paves the way for improved patient health and further practice transformation. For all these reasons, OCHIN is pleased to support HB 2508. Thank you for your consideration.

Sincerely,



Jennifer Stoll
EVP Government Affairs and Public Relations

CC: The Honorable Rachel Prusak
Members, House Committee on Health Care