Testimony of the American Telemedicine Association to the Massachusetts Division of Insurance
February 26, 2016

Thank you for the opportunity to speak to this Agency about the importance of advancing telemedicine policy in Massachusetts. I’m Latoya Thomas, Director of the State Policy Resource Center at the American Telemedicine Association.

ATA is a non-profit organization that promotes telemedicine, sometimes referred to as telehealth, e-health, mobile health or connected care and resolves barriers to its deployment. Founded in 1993, members of ATA include over 8,000 physicians, administrators and other health care professionals as well as over 300 health systems and vendors of telecommunications and advanced technology.

Today, for the Agency’s consideration, I would like to highlight policy issues that any state, including Massachusetts, should address to remove artificial barriers and to ensure that health care providers and patients can fully integrate telemedicine into their care plans: Health insurance coverage parity for all state regulated health plans including private insurance, Medicaid, state employee health plans and workers compensation.

We believe that the Agency has a strong and vital interest in taking advantage of health care delivery innovations that improve quality, reduce costs, improve timely access to needed care, and improve consumer satisfaction. Telemedicine is an innovative delivery method used to complement in-person care. It is not a separate service nor a clinical specialty and should not be treated with different or unbalanced standards. ATA believes that Massachusetts residents and healthcare providers should be able to use cost-saving and quality-improving methods like telemedicine to enrich population health.

The truth is that telemedicine today is in use in many forms in every state and in practically every hospital and health system. It can take the form of video-conferencing, remote patient monitoring, or remote image capturing solutions just to name a few. Telemedicine is also supported by digital diagnostic medical device peripherals including an otoscope, pulse oximeter, glucometer, stethoscope, and blood pressure cuff. In fact, physicians are using a variety of popular consumer devices to provide quality care including smartphones and tablets. Some examples include tele-mental and behavioral health, primary and urgent care, teleICU, dermatology, cardiology, neurology for stroke diagnosis, maternal and fetal medicine, teleradiology and pathology, and correctional care.
Last year alone seven states enacted telemedicine parity laws. This brings us to 29 states and Washington D.C. with enacted parity laws which prevent private insurers from engaging in discriminatory practices like denying claims because telemedicine was used, in lieu of an in-person encounter, to provide a covered service. Almost half of these states have 10 years or more successful experience with telemedicine. These statutes also prevent private insurers from instituting arbitrary barriers that impede access to telemedicine such as requiring higher deductibles, copayments, or coinsurance than that of in-person services.

- When it comes to telemedicine coverage and reimbursement in the New England area, it’s safe to say that Massachusetts is behind. Massachusetts is surrounded by five other states that have passed telemedicine parity laws in the past decade: Connecticut, Maine, New Hampshire, New York, and Vermont. These telemedicine parity laws act as a consumer protection against deviant industry practices. If a health insurance company states that they will cover a healthcare service, then a consumer should expect for that service to be covered whether delivered in-person or via telemedicine.
- Although most states self-insure their plans, 26 states provide some coverage for telemedicine under their state employee health plans. One notable example is Oregon which amended its parity law last year to include coverage for self-insured plans.
- Forty-eight states including Massachusetts, has some coverage for telehealth-provided services under their Medicaid plans. In fact, over half of state Medicaid programs reimburse for telehealth-provided services in the home, and 18 reimburse for services provided in schools.

Accommodating dynamic clinical delivery models such as these and patient preferences for 24/7/365 on-demand access to care will require a more malleable understanding and expansive envisioning of 21st century health care. The impact of telemedicine goes beyond healthcare professions. Patients lead mobile lives. They travel within-Massachusetts and out-of-Massachusetts for personal reasons including work, leisure, education, sports and to engage in commerce. As a result, they often receive services from more than one physician, including providers across state lines. Large healthcare systems have responded to this need for more accessible care by establishing provider networks across multiple states.

In closing, we know that inequities in coverage for telemedicine delay the adoption of cost-saving and quality-improvement measures available through advanced technology. They also restrict consumer access to specialized services in underserved areas. This Agency can take immediate steps to prevent discriminatory practices against telemedicine users, by requiring coverage parity for telemedicine-provided services to that of in-person services. This would be seen as a proactive step to alleviate Massachusetts’s prevailing health disparities.

Thank you for the opportunity to present these comments. I and members of ATA are happy to be a resource to you and the other members of the Agency to make advances and reform policies in order to help the residents of Massachusetts take advantage of the promise of telemedicine.