The American Telemedicine Association (ATA) appreciates the opportunity to testify before the Committee regarding the substitute amendment for S 291. We commend the Senate Health, Human Services and Senior Citizens Committee for its multi-year effort to embrace telemedicine with proposals to enhance coverage and reimbursement of telemedicine-provided services and achieve clarity on clinical practice via telemedicine.

While this amendment is a large step to promote the adoption of cost-saving and quality-improvement measures available through advanced technology, we recommend that you remove the requirements for using specific modalities, and allow health care providers to rely on their clinical judgment and any appropriate tools that are clinically necessary to uphold the standard of care with this suggested replacement language:

2. c. At the health care provider’s discretion, and wherever possible, the delivery of health care services through telemedicine may be done using a combination of audio and video technologies; however, a health care provider may use, but not be limited to, interactive audio or asynchronous store-and-forward technology, without video capabilities, or a combination thereof, if, after accessing and reviewing the patient’s medical records, the provider determines that he or she is able to meet the same standard of care as if the health care services were being provided in person.

ATA’s mission is to promote professional, ethical and equitable improvement in health care delivery through telecommunications and information technology. We strongly support mechanisms that assure patient safety and promote that all health services delivered either in-person or via telemedicine are of the highest quality. However this provision gives undue weight to the delivery tools enabling a provider-patient relationship rather than the clinical components which make up a standard clinical practice.

Further, the original provision has the unintended consequence of imposing a market advantage for one telehealth delivery model – asynchronous – and would disrupt telehealth initiatives approved by the New Jersey Individual Health Coverage Program, Small Employer Health Benefits Program, and New Jersey Medicaid Managed Care, as well as delay the implementation of health insurance telemedicine parity provision outlined in this amendment. This provision is unattainable, non-compliant with Medicare payment policy and would severely restrict consumer access to specialty services such as mental health.

Just like healthcare delivered in-person, the range of service needs and care circumstances for telemedicine varies too widely for a “one size fits all” model. As such, given the challenges of modern care delivery and new opportunities from advancing technology, state lawmakers stand in a unique
position to advance the availability of healthcare by facilitating the integration of fair, new solutions into the regulation of clinical practices.

Thank you for the opportunity to present these comments. With the Committee’s consideration of our testimony, we believe that New Jersey policies will certainly serve as a model for other states to follow. I and members of ATA are happy to be a resource to you and the other members of the Committee to make advances and reform policies in order to help the residents of New Jersey take advantage of the promise of telemedicine.

Sincerely,

Latoya S. Thomas  
Director, State Policy Resource Center  
American Telemedicine Association