



**National
Multiple Sclerosis
Society**

July 7, 2021

Commissioner Mike Kreidler
Washington State Office of the Insurance Commissioner
5000 Capitol Blvd SE
Tumwater, WA 98501

RE: Rulemaking R-2021-06 Audio-only Telehealth

Commissioner Kreidler, rules coordinator, staff,

The National Multiple Sclerosis Society thanks the Washington State Office of the Insurance Commissioner (OIC) for the opportunity to provide comments on the rulemaking proceeding for ESHB 1196 Audio-only telehealth, R-2021-06.

Telehealth has proven itself over the last year to people with MS where now they and their healthcare providers are not only very satisfied with the results but want to see them continue in the future. We urge the OIC to continue to protect consumer in our state and build upon the current level of telehealth access for people with multiple sclerosis (MS).

MS is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms vary from person to person and range from numbness and tingling, to walking difficulties, fatigue, dizziness, pain, depression, blindness, and paralysis. Nearly one million Americans live with this disease, and most people are diagnosed between the ages of 20 and 50, when they are in their prime working years. The progress, severity, and specific symptoms of MS in any one person cannot yet be predicted but advances in research and treatment are leading to better understanding and moving us closer to a world free of MS.

The Society's vision is a world free of MS and our mission is that we will cure MS while empowering people affected by the disease to live their best lives. Telehealth has been playing and can continue to play a critical role in ensuring that people with MS are able to access parts of the healthcare system that may not have been possible, both during this time of crisis and in more normal times. We know that there are many different aspects of telehealth that are necessary to address to provide the best care possible. These recommendations form the basis of our support for any action that seeks to support telehealth access.

Maintaining Access to Telehealth After the Public Health Emergency (PHE)

During the crisis created by COVID-19, our state and federal governments took rapid action to expand access to telehealth services. This expanded access has led to a significant increase of MS patients using



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telehealth programs. During the PHE, people diagnosed with neurological conditions like MS saw some of the highest rates of telehealth adoption. Additionally, people with MS and MS healthcare providers (neurologists, physical therapists, mental health providers) reported high satisfaction rates with telehealth and want to continue using telehealth (Appendix 1).

Expansion of Originating Site Allowances

The Society supports legislation that requires providers to be reimbursed equally for the delivery of remote care as they would be for services provided in-person, or “pay parity”. Further, the Society opposes any policy that places unreasonable restrictions on the delivery of telehealth, including restrictions on the originating site, geographic areas, and types of providers or services that are eligible for reimbursement.

Pay parity should apply to all health insurance products regulated by the OIC including all state managed and state regulated private insurance plans. Fees should not be unreasonably high and should directly relate to the cost to the provider by delivering care via telehealth. Patients should not be penalized with higher out-of-pocket costs (deductibles, co-pays, or co-insurance) when choosing telemedicine over in-person services.

People with MS can overcome significant barriers to care through telehealth programs. Telehealth removes the limitations posed by transportation issues, especially for those with significant disability, fatigue, and located far away from their specialists, in addition to simplifying the process of scheduling a follow-up appointment. As such, we support policy which protects a broad definition of originating site for telehealth care, including but not limited to a patient’s home.

Maintaining Current Options for Access

Telehealth appointments conducted using video and similar technological advances are reliant on both the provider and patient having access to a sufficiently strong internet connection. This connectivity issue has a particularly disproportionate impact on rural and minority communities. During the PHE, allowances were made to support alternative methods for providers to work with their patients, such as audio-only appointments and hence the passage of ESHB 1196 for Audio-only services. Allowing this type of appointment to continue improves equity of access to care and helps patients that are unable to access an internet video continue to receive treatment in cases that were not possible previously.

Building on Lessons from the Public Health Emergency

As Washington State moves past the crisis that we faced from COVID-19, it is important that we not only maintain the benefits that people have gained but also take the next step to improve in places where our existing preparations fell short. While the last year has been incredibly difficult for the state, the leaps in improved support for telehealth access are a thin silver lining.



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Access to Broadband Internet Connection

The Society supports policy and rules which ensures broad access to telehealth. The improved payment and legal support for people to work with their providers did a lot to support this during the PHE, but it has also highlighted some weaknesses in our current system.

Broadband connections ensure that people have a minimum of 25 Mbps of download speed for accessing the internet. For a person to fully access telehealth features like video appointments, having access to a network that can support a stable connection is critical, since a call that is disjointed can undermine any possible benefits of this expansion. While we rush to build out our high-speed infrastructure maintaining this access to audio-only services remains vital.

When taking steps to expand telehealth support, it is important to ensure that all parts and all people in the state have equitable access to telehealth, high-speed broadband, and the benefits which come.

Conclusion

There was significant bipartisan support to continue the audio-only telehealth services authorized under the COVID pandemic, with ESHB 1196 passing almost unanimously out of both houses of the legislature. The MS Society urges the OIC to remain focused on the core issue of health care access and consider each of our highlights when authoring final rules for the audio-only implementation. We look forward to working with the OIC as you work towards formalizing and implementing these permanent rules.

If you have any questions regarding the MS Society highlights related to audio-only telehealth, please contact Seth Greiner, Sr. Mgr. Advocacy Washington State & Oregon, at seth.greiner@nmss.org

Regards,

A handwritten signature in blue ink, consisting of several overlapping loops and strokes, positioned above the typed name.

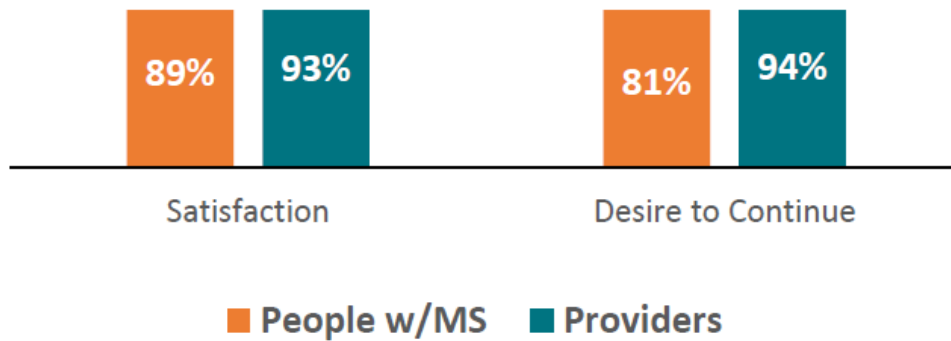
Seth Greiner
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Appendix I

Views on Telehealth and MS



Keszler, P; Maloni, H; Miles, Z.; Jin, S.; Wallin, M. George Washington University, VA Multiple Sclerosis Center of Excellence East. (2021, Feb. 25). Telehealth Utilization and Perceptions of Multiple Sclerosis Health Care Providers. ACTRIMS 2021 Forum. <https://www.abstractsonline.com/pp8/#!/9245/presentation/197>