



August 12, 2021

Jane Beyer
Senior Health Policy Advisor
Office of the Insurance Commissioner

Via email only

Dear Jane,

On behalf of APTA Washington, and our physical therapist and physical therapist assistant members, thank you for the opportunity to comment on the rulemaking to implement ESHB 1196 related to coverage of telemedicine and audio-only telemedicine services. APTA Washington was a strong proponent of ESHB 1196 during the legislative process.

This new law requires some insurance companies to reimburse health care providers, including physical therapists, for telehealth services delivered by phone. Both video and audio telehealth have been a critical lifeline to patients during the pandemic. They have ensured continued access to care to patients who are unable to have in-person treatment.

Additionally, audio-only telemedicine has become a reliable way for people to contact their health care providers, especially for patients in rural areas of our state, and others, who have broadband access challenges. Oftentimes, the telephone is the only reliable mode of communication for these patients. Quality, appropriate care can be provided through audio-only telehealth.

When commenting on the rule last month, APTA Washington asked that the proposed rule clarify the definition of patient consent. Thank you for clarifying how patient consent is obtained. We appreciate that patient consent is valid for 12 months, minimizing the administrative burden on providers to continually request consent. The rule states that patient consent may be obtained by a provider's auxiliary personnel who are "under the general supervision of the participating provider." However, we ask that "auxiliary personnel" be expanded to all personnel in the practice, not just those under general supervision. This would allow administrative staff to obtain this consent.

We also requested that the proposed rule define "pattern of unresolved violations." We appreciate OIC defining this term in the proposed rule. In it, a pattern is determined to be 2 or more violations. We ask that this be amended to be 2 or more intentional violations so that the rule doesn't capture those providers who inadvertently neglect to acquire patient consent.

Finally, we ask that the proposed rule be consistent in its terminology. Throughout the rule, several terms are used to describe health care provider: "provider"; "licensed provider"; "health care provider"; "physician or other licensed health care provider." The term "provider" is preferable as it encompasses all professions in Title 18 RCW.

Again, thank you for the opportunity to participate in this rule-making stakeholder process. We look forward to continuing to work with the OIC as this rulemaking process moves forward.

Sincerely,

A handwritten signature in black ink that reads "Meryl R. Gersh". The signature is written in a cursive style and is centered within a light gray rectangular box.

Meryl Gersh, PT, PhD
President, APTA Washington