

From: [Ruth Hooper](#)
To: [OIC Rules Coordinator](#)
Subject: Comments on R 2021-06 Telemedicine and Audio-only Telemedicine Services
Date: Thursday, August 12, 2021 2:01:10 PM

External Email

Re: R 2021-06 Telemedicine and Audio-only Telemedicine Services
DATE: August 12, 2021

Good Morning:

I am very happy to see these provisions for audio-only telemedicine. I have comments on the following two items:

Item 1: Definitions, 2 (b) "Audio-only telemedicine" does not include real-time communication between a covered person and a provider that begins with the use of audio and visual technology but due to unanticipated circumstances must shift to audio-only technology in order to continue communication between the provider and covered person.

Comment: When my clients' computer fails, and we're unable to continue on an audio and visual platform, the most ethical fall-back is to continue the session with audio only. Otherwise, we would have to wait for my clients to send for the Geek Squad. Why on earth would this reasonable option be excluded?

Are we being required to cancel the session and re-schedule at some other time for an audio-only session? What is the point?

This provision could discriminate against elderly, disabled, and/or poor clients whose computer systems (or computer skills) are relatively unreliable.

Item 2: Definitions, (13) "Established relationship" means: (a) The covered person has had at least one in-person appointment within the past year with the provider providing audio-only telemedicine, etc.

Comment: Among my aging clients, some have become house-bound and would not be able to come to the office for that annual session. I would like to have the option to fulfill this requirement with a home visit. Would that home visit be allowed? Would it be reimbursed at 130% or more of the reimbursement for an office visit, given the extra time and the travel it would involve for the provider?

Many, many thanks for this plan to cover audio-only sessions, and with parity!

Yours,

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