



Jane Beyer
Washington State Office of the Insurance Commissioner
P.O Box 40258
Olympia, WA 98504

Via email: rulescoordinator@oic.wa.gov

Dear Ms. Beyer,

Thank you for the opportunity to comment on the Stakeholder Draft (R 2021-06 Telemedicine and Audio-only Telemedicine Services). Teladoc Health is operational in all 50 states plus DC and is the world's largest telehealth company. We are very proud of our work in Washington to increase access to quality healthcare for residents of the state regardless of location, socio-economic status, access to broadband services or technological savviness. As you are aware, telehealth is the true social equalizer in healthcare.

Teladoc Health covers over 2.1 million lives in Washington; over 6200 employers in the state offer Teladoc Health as a benefit to their employees. We have over 450 board certified and Washington licensed physicians in the state and in 2020 we completed over 74K consults there.

We have enjoyed our work with the Legislature during this session and hope that you will look to us as a resource should you have any questions about telemedicine policy. We have reviewed the current draft and have a few suggestions for your consideration.

Good telehealth policy includes language that is "technologically neutral", meaning that the type of technology used by the provider must support the standard of care. Currently, this is the approach that all 50 states have adopted.

We believe that the definition of "audio only" telemedicine as proposed could cause confusion. The use of the telephone (audio) is critical in ensuring that all citizens have access to quality telemedicine regardless of their access to broadband. Teladoc Health does use audio technology but in those cases it is always accompanied by some form of asynchronous store and forward data (such as medical history) relevant to the patient encounter. Dermatology encounters are illustrative where the patient sends a high-resolution photograph to the dermatologist for evaluation and then receives an audio telephone call from the dermatologist to discuss the diagnosis and treatment plan. Remote patient monitoring (RPM) is also a growing technology which has been lifechanging for patients with chronic conditions such as diabetes and cardiovascular disease. RPM is an asynchronous technology as the data is collected from the patient's wearable device, sent and stored with the provider for review. The provider can then call the patient with and give them health related feedback preventing potential trips to the ED or negative healthcare outcomes.

It appears that while the rules support the intent of the Legislature to allow for the use of the phone to "diagnose and treat", there is an attempt to separate "audio" from "audio-only" when it comes to reimbursement. To remove the confusion, I recommend that the definition of "audio-

only" in WAC 284-170-130 (3)(a) be amended as follows: "...means the delivery of health care services **solely** through the use..." Alternatively, (3)(c) exclusions could be amended to include (iii) the delivery of health care services utilizing audio-only technology in conjunction with store and forward technology for diagnosis, consultation and treatment.

I encourage the stakeholders to remember that the use of audio, **as long as the standard of care can be upheld**, is critical to maintaining access to all constituencies. Understanding that this was a legislative definition, attempts to minimize the use of audio technology by requiring a prior in person visit, as required in proposed WAC 284-170-130 (13) would place Washington in a group of one in the nation with this type of restriction with no clinical data to support this requirement.

Thank you and please contact me should you have any questions.

Best regards,

A handwritten signature in black ink, appearing to read 'Ctucker', with a long horizontal flourish extending to the right.

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