



**SB 402 Health Care Practitioners - Telehealth Senate Finance Committee February 13, 2020**

**SUPPORT**

Asynchronous telehealth allows communication without the requirement that both parties arrange to be available simultaneously. Because of this convenience and accessibility, asynchronous communication has become an ubiquitous and indispensable means of communicating in modern life.

Currently, the need to wait for a mutually agreed-upon time for direct communication limits the frequency and timeliness of health care communication, which is often time-sensitive. This results in barriers to accessing care for ordinary citizens, especially those in rural areas, those experiencing poverty, and those with limited support networks and health care challenges.

Patients with behavioral health conditions are likely to face the greatest challenges in making arrangements to communicate with health care providers at a particular time or place.

Regarding behavioral health care, the critical provider workforce shortage is the number one barrier limiting access to care. Telehealth, including asynchronous telehealth, has the potential to ameliorate these barriers in the near term. In the setting of the current opioid epidemic, the rising suicide rate, and the critical shortage of behavioral health treatment generally, these advances are urgently needed.

Health services with synchronous and asynchronous communication will be held to the same standards of practice that apply to in-person health care settings, including the prescribing of controlled and dangerous substances.

Providers would be able to give more frequent feedback and encouragement to patients. Periodic checking in on progress with treatment plans, problems with medication, or the development of new symptoms, would be recognized and addressed much sooner, without waiting for a scheduled, or re-scheduled, virtual or in-person visit. Efficiency of health care services would improve.

A July 2019 study 'Asynchronous telepsychiatry: A systematic review' by Molly O'Keefe, et al, in the Journal of Telemedicine and Telecare reviewed 11 published articles and found that these services improve access to care, can be feasibly implemented, maintain patient/family satisfaction, and potentially reduce the cost of services.

We ask for a favorable report on SB 402.

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