

To: The Vermont House Health Care Committee

From: Megan Gallagher, President & CEO, Planned Parenthood of Northern New England

Re: S. 50 An Act Relating to Insurance Coverage for Telemedicine Services Delivered in or Outside a Health Care Facility

Date: 4/11/17

I am writing today on behalf of Planned Parenthood of Northern New England (PPNNE) to express support for efforts to expand access to telemedicine services, and to raise concerns about proposed language that seems overly prescriptive of how physicians educate their patients regarding these services.

PPNNE supports expanding access to telemedicine services because these services have the potential to reduce significant barriers that our patients experience in accessing health care. Transportation, needing time off from work, and finding child care are all barriers our patients experience to getting to a health care facility to obtain care. We plan to introduce birth control services through telemedicine in the coming year. Through the service, patients would have a telemedicine visit with a provider who would prescribe birth control that would then be shipped to them. Telemedicine, where clinically appropriate, is a means to overcome barriers and connect people with health care. We support S.50, and the efforts in the State House to increase access to care through the utilization of telemedicine.

We also want to express our concern about proposed language regarding informed patient consent that is more prescriptive than the standard established by the AMA Principles of Medical Ethics. Given the broad scope of this bill, the informed consent language contained in S.50 draft 2.2. may not be applicable in all circumstances. To address issues of patient education, PPNNE recommends replacing the informed consent language with a reference to the AMA Principles of Medical Ethics 1.2.12 Ethical Practice in Telemedicine. The language in the AMA Principles of Medical Ethics will provide physicians the ability to modify their way of discussing telemedicine with a patient based on the actual clinical situation at hand, which may only have minor differences in an in person versus a telemedicine context. Also, if new technology or other new opportunities arise in telemedicine that creates differences in how patients and providers utilize telemedicine, this reference would help providers to stay abreast of best practices and not be limited by the statute.

We thank the committee for their work on this critical issue, and would be happy to answer any questions you may have.

Sincerely,

Megan Gallagher