



Ensure Patient Access: Augmenting In-Person Care Using Telemedicine

Background

In Washington, telemedicine laws are governed by Office of the Insurance Commissioner (OIC) statutes. These statutes govern telemedicine coverage and payment parity for commercial health insurance, PEBB/SEBB and Medicaid.

[SB 5385](#), signed into law in 2020, allowed providers to be paid at the same rate for audio-visual telemedicine visits as in-person visits (parity). It also removed the requirement that patients have an associated office visit to receive store-and-forward services. [HB 1196](#), signed into law in 2021, expanded this parity to audio-only visits as long as patients had an in-person visit within the last year.

[HB 1821](#), signed into law in 2022 as part as pandemic-related legislative changes, modified the established relationship component of the state's audio-only telemedicine law. It allowed audio-visual visits to suffice for establishing care (without an in-person visit) through 2023 for non-essential health services and indefinitely for essential health services, such as behavioral health. It also allowed patients using audio-only services to go longer between in-person or audio-visual appointments, allowing behavioral health patients to meet with providers once every three years and all other patients to meet with providers once every two years.

[SB 5036](#), signed into law in 2023, extended the ability to use audio-visual visits by six months for establishing care for non-essential health services through July 1, 2024, allowing the OIC time to release a report on audio-only telemedicine utilization. *(For additional information, please see the chart at the end of this issue brief.)*

WSHA Position

For purposes of audio-only telemedicine payment parity for non-essential services, patients should see providers in-person visit at least once every two years, as audio-only care is a supplement for regular health care, not a replacement. Payment parity helps ensure existing health care infrastructure is maintained throughout the state, particularly in rural areas. It ensures a safer level of care for patients. WSHA is opposed to SB 5821/HB 1881.

Key Messages

Telemedicine is a beneficial tool for patients and providers, and reimbursement policy needs to ensure quality patient care and support providers.

- Medicaid and Medicare beneficiaries often do not have equal access to telemedicine as commercially insured patients. Expanding the audio-only provision will allow providers to cherry-pick commercially insured patients, exacerbating inequities in access.

- Treatment through telemedicine has its limitations. More complex diagnoses require in-person office visits, where providers can take vital signs and provide physical treatment. Deferred treatment can lead to worsening conditions that require specialized or emergency room care.
- For conditions too complex for telemedicine, providers must have brick-and-mortar offices available to patients for physical treatment. Companies that only offer telemedicine don't have in-person options available.
- In-person visit requirements help maintain health care infrastructure, particularly in rural areas. Permanently removing an in-person visit requirement would likely accelerate rural closures.
- Providers are not prohibited from using audio-visual telemedicine to establish a relationship with a patient. However, without an in-person visit within two years after July 1, 2024, audio-only telemedicine would not be reimbursed at the same rate as an in-person visit.

Contact Information

Remy Kerr, MPH
 Policy Director, Government Affairs
RemyK@wsha.org | 206.216.2514

Lisa Thatcher
 WSHA Lobbyist
lisathatcher@comcast.net | 253.686.8746

Additional Information – Washington State Coverage of Audio-Only Telemedicine

