



The Honorable Tina Liebling
Chair, Minnesota House Health and Human Services Finance and Policy Committee
Minnesota House of Representatives
95 University Avenue W., Room 3109
St. Paul, MN 55155

April 6, 2021

Re: Ro Comments on H2128-DE Amendment (Article 7)

Dear Chair Liebling:

Ro appreciates the opportunity to comment on H2128 DE Amendment (Article 7) to ensure the legislation permits a broad range of telehealth technologies and better expands Minnesota residents' access to care.

Since 2017, Ro has facilitated digital healthcare visits in nearly every county in the United States, including 98% of primary care deserts. Ro's vertically integrated primary care platform powers a personalized, end-to-end healthcare experience from diagnosis, to delivery of medication, to ongoing care. With a nationwide provider network, in-home care, and a national network of mail order pharmacies, Ro provides high-quality, affordable healthcare when and where patients need it most.

We strongly support how the DE Amendment seeks to update Minnesota's telehealth policy to continue the adoption of telehealth in the state. To better support this vision, we encourage the Committee to make clear that telehealth includes healthcare services delivered using real time ("synchronous") or non-real time ("store and forward" or "asynchronous") technologies. The proposed definition for telehealth in Article 7 could create unnecessary confusion because it defines telehealth as real time audio or audio-visual technologies, while also stating that telehealth includes store-and-forward transfers that are not real-time.

We echo other stakeholders, including the American Telemedicine Association, and recommend the Committee revise the definition of telehealth proposed in the DE Amendment to make it similar to the technology-neutral definition in Senate File 780:

"Telehealth" means the delivery of health care services or consultations that occur between a provider at a distant site and a patient at an originating site using electronic communications, information technology, store and forward technology, or asynchronous or synchronous interaction. Telehealth does not include emails that are noncompliant with the Health Insurance Portability and Accountability Act (HIPAA) or facsimile transmissions that are noncompliant with HIPAA.

A technology-neutral definition of telehealth will better empower providers to use their clinical judgment and training to determine the most appropriate telemedicine tools for each patient—whether in real time or not-- to uphold the standard of care. Further, with this



clarification, HF2128 would also appropriately reflect how providers use asynchronous tools to perform patient evaluations and identify underlying conditions prior to prescribing medication for both new and established patients. At Ro, our providers leverage intelligent technology to collect patient information in a structured way to improve workflows, present medical data comprehensively, flag contraindications, ensure all appropriate follow-up questions are asked, and deliver quality care.

While Ro's platform offers synchronous capabilities via video or phone, our experience has shown higher levels of patient and provider satisfaction with the use of asynchronous technologies. For providers, asynchronous technologies accurately capture patient data, integrate evidence-based protocols and effective decision-support tools, give ample time to make informed judgments, and avoid the burdens of scheduling all parties to appear on a video screen at a specific time. For patients, asynchronous telemedicine provides the convenience of initiating medical care at times of their choosing, the ease of using a secure patient portal to communicate with their providers, and a forum to honestly answer questions and overcome the stigma associated with certain conditions.

Further, Ro's research¹ has indicated that limited broadband availability can restrict patients' access to care through telemedicine—but that's true only in states where a real-time video visit is required by law. By permitting asynchronous telemedicine options where appropriate, the proposed legislation would help the over 400,000 Minnesotans who lack access to reliable, high-speed internet connections to receive the same level of care as those who are able to utilize high-speed internet capabilities.

The use of telehealth has been critical to maintaining a functioning healthcare system in Minnesota through the challenges of the COVID-19 pandemic and given patients a safe and convenient means to interact with their providers. We applaud the Committee for taking this opportunity to re-examine Minnesota's telehealth framework and urge the legislature to pass HF 2128 DE Amendment with our recommended changes. We appreciate consideration of the above input and are happy to further assist in any way that we can.

Sincerely,

Adam Greenberg

Adam Greenberg
General Counsel, Ro

¹ L. Broffman, [Requiring Video Calls for Telemedicine May Contribute to Health Care Inequality \(2019\)](#).