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Office of the Insurance Commissioner 5000 Capitol Boulevard South Tumwater, WA 98501

Submitted Electronically to RulesCoordinator@oic.wa.gov on August 9, 2021

To Whom it May Concern:

Upstream USA is a non-profit organization that works in partnership with health centers to strengthen reproductive care autonomy by increasing equitable access to the full range of contraceptive options. We work directly with health centers to provide patient-centered, evidence-based training and technical assistance that eliminate barriers to offering the full range of contraception.

Allowing provider reimbursement for audio-only telemedicine has been critical in providing patients access to contraceptive services during COVID-19 and it is a much needed change to provide continual access for patients in rural communities with poor broadband, juggling work and family life, or who may not have full ability to make an appointment in person.

We appreciate the opportunity to submit comments on two aspects of the implementation of ESHB 1196; patient consent and the definition of an established patient.

Patient Consent

We support the rules around patient consent being required once every 12 months. This is the correct cadence to allow providers to adequately garner consent from patients on this form of care without being overly burdensome for the provider or patient and is consistent with other forms of care.

Established Relationship

We propose a change to the definition of an established patient from having an in-person appointment in one year to three years. This is consistent with the CPT definition for an established patient. This also allows for patients who were not able to see their provider in-person the past year because of COVID-19 to not have to go through unnecessarily burdensome practices to get the care they need from their providers.

WAC 284-170-130(13)(a)(b)

(a)The covered person has had at least one in-person appointment within the past three years with the provider providing audio-only telemedicine, with a provider employed at the same clinic as the provider providing audio-only telemedicine, or with a provider who is the designated back up or substitute provider for the provider providing audio-only telemedicine who is on leave and

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is not associated with an established clinic; or (b) The covered person was referred to the provider providing audio-only telemedicine by another provider who has had at least one in-person appointment with the covered person within the past three years and has provided relevant medical information to the provider providing audio-only telemedicine. A referral includes circumstances in which the provider who has had at least one in-person appointment with the covered person with the provider who has had at least one in-person appointment with the covered person participates in the discussion with the provider to whom the covered person has been referred.

Thank you for considering our comments. Should you have you have any follow up questions, please contact Cara Bilodeau at <u>cbilodeau@upstream.org</u>

Sincerely,

Cara Bilodeau Washington Deputy Director Upstream USA