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Sent: Sunday, February 11, 2024 8:45 AM
To: Rep. Donovan, Susan R; Rep. Giraldo, Joshua J.; Rep. Potter, Brandon C.; Rep. Azzinaro, Samuel A.; Rep. Ackerman, Mia A.; Rep. Bennett, David A.; Rep. Cotter, Megan L.; Rep. Fenton-Fung, Barbara Ann; Rep. Fogarty, Kathleen A.; Rep. Handy, Arthur; Rep. Kislak, Rebecca M.; Rep. McGaw, Michelle E.; Rep. Place, David J.; Rep. Speakman, June; Rep. Stewart, Jennifer A.
Cc: House Health and Human Services Committee; Neil.Hytinen@health.ri.gov
Subject: follow up/ testimony on H-7149, Uniform Telehealth Bill, Howard Schulman, MD

Follow Up Flag: Follow up
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Dear House Health and Human Services Committee members,

After I got home, after the hearing concluded, I had a chance to review the video of the testimony that preceded my testimony on the Uniform Telehealth Bill H-7149 and the submitted documents. Just a few comments:

The bill has nothing to do with making RI law "uniform" with law in other states. The RI Dept of Health letter points out, according to the sponsor's own website, the bill has only been submitted in 2 states so far. So if you approved this bill, the only thing that would happen is that Teladoc would start soliciting more business in RI employing out-of-state doctors and second-level practitioners. RI practitioners would not be helped. I can't say it enough that this bill comes from out-of-state, for-profit companies like Teladoc.

Clearly, the "gaps in care" the gentleman was referring to was that Teladocs want to do telemedicine here without getting an RI state license.

As many pointed out at the hearing, everyone in RI is happy with the current status quo with respect to telemedicine, including the payers. I do think some kind of licensure reciprocity across Massachusetts and Connecticut state borders would be helpful, specifically for telemedicine, although I am very suspicious of allowing this for telemedicine-only, for-profit businesses, as opposed to facilitating access with true, full-service academic centers of excellence, like Boston.

I was re-assured to read that the RI Dept of Health (Neil Hytinen letter) was very much on the same page as I was, very much against this bill, making many of the same points but from their perspective. The bill was very thin on how these Teladocs would be registering in RI. The DOH letter addresses this.

I am attaching a copy of my hearing testimony, below.

Thanks,
Howard Schulman, MD
Providence, RI

I am testifying to voice my opposition to House Bill 7149 titled Uniform Telehealth Act.

In general, I am opposed to making it easier for out-of-state healthcare professionals to provide healthcare within our state. If a national telemedicine organization like Teladoc wants to offer telehealth services to Rhode Island citizens, they should use Rhode Island professionals who have a regular Rhode Island license and live and practice in Rhode Island.

Not only is it wasteful spending Rhode Island health dollars on out-of-state firms that don't return those dollars in tax revenues, but those dollars could be better spent supporting the existing physicians who live in Rhode Island and are having a hard time deciding to practice here as opposed to another state with more preferable reimbursement.

The out-of-state professionals don't provide many services, like consult referrals, medication refills, on-call coverage, and an office if the patient needs to be examined at a later time. The Teladoc services will offer poor continuity of care because every time a patient calls up, they will be speaking with a different person. The electronic medical record of the patient visit will also not communicate with the local physician's records. Using Teladoc and other out-of-state telemedicine fragments care.

Out-of-state Teladocs will not know where to send patients or how things are done locally. Healthcare in Texas and Florida and Montana is very different. Think of abortion and birth control, awareness of diseases like Lyme disease, or other infections that may be developing temporarily in Rhode Island. What drugs and vaccines are covered also likely varies state by state.

As became crystal clear during the pandemic, when there was close cooperation among the entire Rhode Island medical community to combat COVID, this cohesion will be much harder to create if the Department of Health has to deal with and communicate with out of state practitioners, most likely practicing in multiple states.

This bill will put an additional work requirement on our own already overburdened Department of Health to register and monitor these telemedicine professionals. And problems with these additional professionals will be especially time consuming since telemedicine workers mostly will have multiple licenses and live out of state.

Even more concerning, a large chunk of the money spent on services like Teladoc will go for Teledoc's administrative cost as well as paying dividends and profits to investment firms and stock holders instead of being reinvested in the local Rhode Island healthcare community.

Lastly, there may be better solutions than relying on an out-of-state for-profit business to provide healthcare here in Rhode Island. If there are patients who cannot find a primary care physician in the state, then the insurance companies might want to consider increasing the reimbursement rates for primary care physicians in order to increase the number of primary care doctors here. I'm sure the new people arriving in Rhode Island without primary care doctors will appreciate that more than only having a phone number to call.

I strongly urge this Committee to reject this bill.

By the way, what this bill does not do, is do anything to help the doctors in this state. We did not ask for this.

This bill does nothing for the problem of one of my patients traveling to another state who calls me up needing care, which is not legally permitted currently with just a Rhode Island license.