

My name is Howard Schulman, MD. I have been a general internist in Rhode Island since 1995. I am testifying **against S 2111**.

Although I acknowledge the good intention of this bill is to allow Rhode Island physicians, PA's and NP's to provide telemedicine while their patients are out of state, the plain truth remains that the practice of medicine occurs where the patient is located. You can pass laws protecting our healthcare providers from talking to their patients while they are out of state, but our providers are still subject to the law where the patient is located.

I don't object to this part of the bill at all, though I don't think it does much. RI providers getting in trouble here for talking to their patients in other states has not been a problem so far from what I've heard. It happens all day long with respect to my patients in Massachusetts.

However, I do object and raise serious concern with the section 6 parts for PA's, NP's and physicians who don't have Rhode Island medical licenses to provide telemedicine to Rhode Islanders located here in the state. I imagine this provision was intended for out of state specialists seeing our patients, but I am much more concerned about opening the window for the pharmaceutical industry, the for-profit telemedicine industry, and other for-profit medical companies using this provision to inundate our population with unsolicited messages designed to sell them things and do things to them that they don't need. Sick people are often vulnerable.

I did see the provision that the Rhode Island provider doesn't have to accept the advice of the out of state provider, but still, you've opened the door enough. The three month intention to be seen is a pretty big loophole, especially if the patient is not seen by the person making the initial contact. Furthermore, I can't imagine how a telemedicine provider could see a patient and not diagnose or treat them, in order to pass muster to provide telemedicine. What are they doing, then?

Ideally, allowing out of state providers, especially from the Boston-area hospitals, would be beneficial, but not from the rest of the United States. Perhaps, including Connecticut and the Yale health system would be helpful for patients in the Westerly area. Ideally, out of state telemedicine should only be permitted if the solicitation was initiated by a licensed RI provider needing out-of-state help in a particular case.

Are you also going to put Rhode Island Blue Cross on the hook for paying for unsolicited telephone calls?