

**Driven By and For Large Employers** 

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Adam Greathouse, Health Policy Associate

October 13, 2017

Rita Chapin Texas Medical Board P.O. Box 2018 Austin, TX 78768

Sent via email: rules.development@tmb.state.tx.us

Re: Proposed Telemedicine Rules

Dear Ms. Chapin:

On behalf of The ERISA Industry Committee (ERIC), thank you for accepting comments from interested stakeholders on the Texas Medical Board's proposed telemedicine rules. ERIC is the only national trade association advocating solely for the employee benefit and compensation interests of America's largest employers. ERIC speaks in one voice for large employers with workers in every state across the country on public policy issues relating to employee benefits.

ERIC's members are committed to, and known for, providing high-quality, affordable health insurance benefits to millions of workers and their families. We have a strong interest in proposals that affect our members' ability to deliver cost-effective benefits. Member companies devote considerable time and resources to their benefit plan design, balancing the provision of high-quality, affordable care with the need to contain costs within these programs.

ERIC is pleased that the Texas Medical Board has taken steps to implement telemedicine in Texas, and we applaud the Board for acting quickly to implement changes to the rules to comply with the state's new telemedicine law. Additionally, the incorporation of mental health services is especially encouraging. We thank you for thoughtfully developing telemedicine policies that embrace this modern health care delivery tool.

As plan sponsors, ERIC members strive to provide the best health benefits possible to their employees, retirees, and families at affordable costs. ERIC seeks to enhance our members' ability to provide high-quality, affordable health care, and we recognize the significant opportunity provided by telemedicine to modernize health care delivery and improve access to quality medical care. Rules that give providers a sense of security when using telemedicine can help further these goals and reassure providers that guidelines are in place to protect against issues like cybersecurity, fraud prevention, and abuse.

We understand that some in the Texas medical community are concerned that the proposed telemedicine rules are too vague, and in order to maximize the implementation of telemedicine in Texas, we offer the following suggestions:

- Retain portions of the section previously labeled "Telemedicine Medical Services" that provided requirements for written protocols that address the prevention of fraud and abuse
- Keep provisions related to patient notice requirements, including the need to inform patients about the limitations of telemedicine, especially what steps to take if they need in-person follow up care
- Clarify within § 174.6 (Minimum Standards for the Provision of Telemedicine Medical Services) that an initial in-person visit is not required to establish the patient-provider relationship, similar to the language in the subchapter on mental health (§ 174.9(3))
- Maintain provisions for the evaluation and treatment of the patient via telemedicine, such as those pertaining to the discussion of a diagnosis and the evidence for it, as well as discussion of in-person follow up care, should the need arise

Thank you for considering large employers' interests as you move forward with modifications to the Texas telemedicine rules. ERIC is pleased to represent large employers with the goal of ensuring that telemedicine benefits are accessible for millions of workers, retirees, and their families. We welcome additional questions and opportunities to contribute to your rulemaking process, and if we can be of service, please contact me at (202)627-1914 or <a href="mailto:agreethouse@eric.org">agreethouse@eric.org</a>.

Sincerely,

Adam J. Greathouse

Health Policy Associate