

The Honorable Daniel R. Cullinane  
Chairperson  
Joint Committee on Health Care Financing  
24 Beacon Street  
Room 236

Boston, MA 02133

Dear Mr. Chair:

On behalf of The ERISA Industry Committee (ERIC), thank you for accepting testimony from interested stakeholders as you consider House Bill 4134. We are writing to express our support for the telehealth provisions in H.B. 4134, and to request that specific provisions be included to strengthen the bill's telehealth improvements.

ERIC is the only national association that advocates exclusively for large employers on health, retirement, and compensation public policies at the federal, state, and local levels. We speak in one voice for our member companies on their benefit and compensation interests, including many with employees and retirees in Massachusetts. Massachusetts residents are likely to engage with an ERIC member company when they drive a car or fill it with gas, use a cell phone or a computer, visit a bank or hotel, fly on an airplane, watch TV, benefit from our national defense, go shopping, receive or send a package, wear makeup, or enjoy a soft drink.

Our member companies offer comprehensive health benefits to employees, their families, and often retirees, too. On average, large employers pay around 85 percent of health care costs on behalf of their beneficiaries – that would be a gold or platinum plan if bought on an Exchange. But employers don't generally buy or sell health insurance; these plans are self-insured. In other words, ultimately it is the company that is on the hook for the vast majority of the costs of employees' care. There are about 181 million Americans who get health care through their job, and over 110 million of them are in self-insured plans like ours.

As plan sponsors, our member companies strive to provide the best health care possible to their employees, retirees, and families at an affordable cost. ERIC seeks to enhance our member companies' 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 for workers and their dependents. Telemedicine minimizes the time spent attending a health care provider visit, making telehealth a great value to working parents, caregivers, and others struggling to balance work and family demands. It also provides access to care for rural and urban underserved populations, retirees, the elderly, disabled employees, and those with language barriers, chronic conditions, or transportation barriers that may otherwise not have access to care.

ERIC members need consistent telehealth policies around the country so that their employees and families can enjoy the same company benefits regardless of the state in which they live or work. It is

imperative that employers' funds to pay benefits are used to maximize value for patients, and not diverted to administrative and compliance burdens stemming from a myriad of disparate and potentially conflicting state rules and regulations.

ERIC member companies want their employees to have the care they need – when and how they need it. Telemedicine offers many unique benefits that are appreciated by employees, retirees, and their families because it allows access to health care that is provided at an affordable, cost-effective rate.

*Support for H.B. 4134*

ERIC supports the telehealth provisions in H.B. 4134, including the provisions that define telehealth in a technology-neutral way, , and applies the same standard of care to in-person and telehealth visits. Although we are supportive of the current language in this section, there are additional provisions ERIC member companies request be included, in order to make telehealth benefits affordable, accessible, and safe for employees and beneficiaries in Massachusetts:

- Specify that the patient-licensee relationship may be established via telemedicine. The benefits of telemedicine will be greatly diminished if it can only be used by those with preexisting patient-licensee relationships.
- Encourage interstate practice among providers to improve accessibility to patients and providers regardless of one's state of residence.
- Promote coordination between the patient's telemedicine providers and primary care provider to ensure quality of care.
- Apply the same informed consent requirements to in-person visits and telehealth visits.
- Clarify that e-prescribing via telemedicine is permitted.
- Establish nonrestrictive originating site policies, so that people can receive care when and how they need it.

Thank you for accepting our input on H.B. 4134's telehealth provisions. If you have any questions or if we can be of further assistance, please contact ERIC's Carly Sternberg at [csternberg@eric.org](mailto:csternberg@eric.org) or 202-627-1914.

Sincerely,



James Gelfand  
Senior Vice President, Health Policy