

January 28, 2020

The Honorable Fred E. Wood  
Chairperson  
House Committee on Health and Welfare  
P.O. Box 1207  
Room EW20  
Boise, ID 83720

RE: Large Employer Support for Telehealth Measures in House Bill 342

Dear Chairman Wood:

On behalf of The ERISA Industry Committee (ERIC), thank you for accepting testimony from interested stakeholders as you consider House Bill 342. We are writing to express our support for the telehealth provisions in H.B. 342.

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 Idaho. Idaho policymakers 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, use cosmetics, 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 a state health care exchange. 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 those offered by ERIC member companies.

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.

Large, multistate employers 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. 342**

ERIC supports H.B. 342, including the provisions that define telehealth in a technology-neutral way, amending the current code to ease the process of providing telehealth services. ERIC champions technology-neutral requirements in telemedicine legislation because restrictive requirements create a barrier to access—especially in states like Idaho, where 42 of 44 counties face shortages in primary care providers and highly depend on telemedicine<sup>1</sup>.

Under the current definition of Idaho law, telehealth interactions are mandated to be audio and video visits upon the first encounter, but H.B. 342 would allow the first telehealth interaction to also include asynchronous services, meaning it will remove the requirement for an audio and video first virtual exam. Patients will now be able to establish a relationship with a provider via audio or video encounters. ERIC commends this amendment for eliminating this restrictive requirement. We believe restrictive technology requirements only serve to prevent new forms of telemedicine technology, which are ever- evolving, from being quickly implemented. Patients should not be prevented from using telemedicine solely because they lack the capability to communicate with a provider via video.

Thank you for accepting our input on House Bill 342. ERIC is pleased to support the telehealth measures in H.B. 342, representing large employers with workers and families in Idaho. Our goal is to ensure that telemedicine benefits are accessible for millions of workers, retirees, and their families. If you have any questions concerning our written testimony, please contact ERIC's Carly Sternberg at [cssternberg@eric.org](mailto:cssternberg@eric.org) or 202.627.1914.

Sincerely,



James Gelfand  
Senior Vice President, Health Policy

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<sup>1</sup> Health Resources and Services Administration, *HRSA Find*, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.