

Date: October 9, 2019

To: Chair Testin, Vice-Chair Kooyenga, and Members of the Senate Committee on Health and Human Services

From: Janet L. Zander, Advocacy & Public Policy Coordinator

Re: Support for SB 380 – Relating to: coverage of services under Medical Assistance provided through telehealth and other technologies, extending the time limit for emergency rule procedures, and granting rule-making authority. (FE)

The Greater Wisconsin Agency on Aging Resources (GWAAR), is one of three Area Agencies on Aging in Wisconsin. We provide training and technical assistance to support the successful delivery of aging programs and services in 70 counties (all but Dane and Milwaukee) and the 11 tribes in Wisconsin. GWAAR is also a member of the Wisconsin Aging Advocacy Network (WAAN), a collaborative group of older adults and professional aging associations and organizations – including the Wisconsin Association of Area Agencies on Aging, the Wisconsin Association of Senior Centers, the Wisconsin Association of Nutrition Directors, the Wisconsin (representing aging unit/ADRC directors and managers), the Wisconsin Adult Day Services Association, the Alzheimer's Association Wis. Chapter, the Wisconsin Institute for Healthy Aging (WIHA), the Wisconsin Senior Corps Association (WISCA), and the Wisconsin Tribal Aging Unit Association.

Thank you for this opportunity to share testimony on SB 380 relating to coverage of services under Medicaid provided through telehealth and other technologies. "Telehealth" - a practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communication - has long been a covered service under Medicare. In fact, there are more than 50 separate telehealth services covered by Medicare. Many state Medicaid programs also cover an increasing number of telehealth services. Wisconsin's current Medicaid policies limit coverage of telehealth services. SB 380 aims to remedy this by "requiring the Department of Health Services to provide reimbursement under the Medical Assistance program for any benefit that is covered under the Medical Assistance program, delivered by a certified Medical Assistance program, and provided through interactive telehealth." Additionally, the legislation allows patients enrolled in Medicaid to receive telehealth directly in their homes or other nonclinical settings.

Telehealth is a different way to access health care services (not a new type of service). Telehealth services offer patients (especially those living in rural areas or those who are homebound) an option to receive basic, on-demand care without the transportation costs and time needed for a customary in-person office visit. Telehealth services may be more convenient and accessible for some patients who, under this bill, would now be able to receive care via video conferencing, smartphone apps, and online management systems. Receiving care when it is needed, rather than waiting for an office

appointment, has been shown to reduce unnecessary non-urgent emergency room visits. Telehealth also offers patients in rural or remote areas quicker and more convenient access to specialist care without the need to travel long distances (and without the Medicaid program paying for non-emergency medical transportation for patients who need it).

Advances in technology and care delivery innovations have helped to increase access to essential care for many older adults receiving Medicare benefits. We support SB 380 to help improve access to care by providing Medicaid coverage of telehealth services for low-income, older adults (some of whom are not yet eligible for Medicare) and Medicaid participants of all ages.

Thank you for your consideration of these comments supporting SB 380.

Contact: Janet Zander, Advocacy & Public Policy Coordinator Greater Wisconsin Agency on Aging Resources janet.zander@gwaar.org (715) 677-6723 or (608) 228-7253 (cell)