



*A driving force for health equity*

*Submitted via electronic mail*

February 12, 2024

Honorable Paul Harris  
426A Legislative Building  
PO Box 40600  
Olympia, WA 98504

Honorable Jessica Bateman  
317 John L. O'Brien Building  
PO Box 40600  
Olympia, WA 98504

Honorable Mari Leavitt  
JLOB 332  
PO Box 40600  
Olympia, WA 98504

*Re: HB 1881, Establishing a Uniform Standard for Creating an Established Relationship for the Purposes of Coverage of Audio-Only Telemedicine Services*

Dear Representatives Harris, Bateman, and Leavitt,

On behalf of OCHIN, I appreciate the opportunity to offer comment on HB 1881, which would permanently extend several telehealth flexibilities that patients, particularly those in rural and underserved communities, need for access to health care services. A permanent extension of all telehealth flexibilities, including audio-only when establishing a valid patient-clinician relationship, is essential for patients who are facing adverse social drivers of health.

OCHIN is a [national nonprofit health information technology and research network](#) that serves 13 Washington community health network members in Washington that provide care to more than 329,000 patients who had 1 million annual visits. OCHIN serves federally qualified health centers and community health providers serving diverse patient populations, many facing significant social drivers of health. Over 96,000 of OCHIN network members' patients are covered under Apple Health in Washington. For over two decades, OCHIN has advanced equitable health care solutions by leveraging the strength of our network's unique data set and the practical experience of our members to drive technology innovation at scale for patients and providers in underserved communities. While the percentage of audio-only telehealth visits has declined among OCHIN Washington network members significantly in the last half of 2023 (and the number of interactive audio-visual have increased concomitantly), audio-only continues to play an important role in maintaining access to care.

We support permanently authorizing clinicians to establish a valid patient-clinician relationship through interactive video and audio telehealth. Audio-only telehealth too is often the only modality for patients who face adverse social drivers of health. **As a result, we urge you to extend audio-only telehealth flexibilities so clinicians could use this modality to establish a valid clinician-patient relationship.** Telehealth (both interactive video-audio and audio-only) provides patients facing transportation and housing insecurity with a bridge to care that they would not otherwise have available.

Given the lack of access to broadband and the digital equity divide (such as lack of personal devices and sufficient cellular minutes, for example), we urge consideration of the use of audio-only for purposes of establishing a valid relationship while applauding efforts to expand access permanently for interactive video and audio services. Please contact me, [stollj@ochin.org](mailto:stollj@ochin.org), if you have questions. We welcome sharing information on our learnings both before, during, and after the COVID-19 public health emergency in the context of telehealth utilization.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Stoll". The signature is written in a cursive, flowing style.

Jennifer Stoll  
Chief External Affairs Officer of OCHIN