The Minnesota Telemedicine Act will facilitate health care providers’ continued adoption and implementation of technology to deliver high quality patient care in the most accessible and cost-effective ways possible.

As many communities across Minnesota struggle to retain access to health care services in the midst of growing caregiver shortages, telemedicine allows residents to receive care locally, makes care more convenient, extends the reach of otherwise scarce specialty services, and helps hold down rising health care costs for employers and individuals.

Key elements of the Minnesota Telemedicine Act:

- Ensures that our state laws can keep pace as telemedicine innovation advances by clarifying that the definition of “telemedicine” includes both synchronous (such as real-time, two-way video conferencing) and asynchronous (such as electronically sending MRI images to a radiologist read at another time), as well as using information and communication technologies that rely on devices worn or used by the patient (such as heart rate monitors).
- Requires public and private health insurance plans to treat services delivered using telemedicine technology the same as services delivered face-to-face.
- Requires public and private health insurance plans to pay the same rate for services regardless of whether the service is delivered via telemedicine technology or face-to-face.

“[R]ural communities are likely to continue experiencing provider shortages and inadequate access to care. Telehealth allows an opportunity to help ameliorate this problem. . . . [T]elehealth, coupled with many other rural health policy initiatives, has the potential to revolutionize rural health care.”
— National Conference of State Legislatures

Telemedicine improves the quality of patient care

- Tele-ICU programs have demonstrated better survival rates and reduced lengths of stays in the hospital for patients.¹

- Telemedicine can reduce hospital readmission rates and prevent or mitigate medical emergencies. In one study, telemonitoring of patients at risk of heart failure showed a 23 percent decrease in hospital admissions and a 38 percent reduction in readmissions within 90 days than patients not participating in the program. As a result, the program was estimated to reduce costs by 11 percent.²
The North Carolina Center for Public Policy Research found that telepsychiatry decreased mental health patients’ waiting time in emergency departments from an average of 48 hours to less than 23 hours, and cut involuntary commitments by 33 percent.\(^3\)

### Telemedicine benefits residents, especially those in rural communities

- Recruiting and retaining the highly skilled specialty care necessary to operate an intensive care unit, for example, can be very challenging for a small, rural hospital. Through telemedicine, local caregivers can deliver high-quality ICU care by connecting with specialists in other locations.

- Telemedicine can eliminate the need for some patient transfers from local community hospitals to larger regional or urban tertiary hospitals. As a result, patients are able to stay in their community, near their homes and families.

- Telemedicine can save patients long commutes to get care, thereby increasing the accessibility of care while decreasing the amount of time people need to be away from work and family. The University of Virginia Health System has delivered almost 45,000 services via telemedicine, saving its patients an estimated 16 million miles of driving and cutting carbon emissions by almost 7,000 tons.\(^4\)

- “[R]ural communities are likely to continue experiencing provider shortages and inadequate access to care. Telehealth allows an opportunity to help ameliorate this problem. . . . [T]elehealth, coupled with many other rural health policy initiatives, has the potential to revolutionize rural health care.”\(^5\)

### Many states have passed telemedicine parity laws similar to SF 981/HF 1246

- Twenty-two other states and the District of Columbia have already enacted parity laws that require telemedicine services to be covered in the same manner as face-to-face services.

- In a 2014 report comparing states’ telemedicine laws, Minnesota received two grades of “F” for failing to have parity laws requiring private health insurance plans and our state employee health insurance program to cover and pay for telemedicine, although we received a composite grade of B overall.

### Consumer interest and support of telemedicine is growing

- In a study of telepsychiatry patients, 88 percent were satisfied or very satisfied with the services they received via telemedicine.

- The Veterans Health Administration achieved 84 percent patient satisfaction scores from veterans who received post-cardiac arrest home health services via telemedicine technology.

- According to American Well, with whom Blue Cross Blue Shield of Minnesota contracts to provide telemedicine services, “Each telehealth visit saves $140 (on average).”

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