



January 10, 2025

Emily DeRonde  
Iowa Department of Inspections, Appeals, and Licensing  
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Des Moines, Iowa 50321  
[emily.deronde@dia.iowa.gov](mailto:emily.deronde@dia.iowa.gov)

**RE: ATA ACTION COMMENTS ON AMENDMENTS TO CHAPTER 13**

Dear Ms. DeRonde,

On behalf of ATA Action, I am writing to you to provide our comments on the Department’s proposed rescinding of Chapter 13, “Standards of Practice and Principles of Medical Ethics” and adoption of a new chapter with the same title, specifically Section 13.9, Standards of practice-telemedicine. Our organization believes that the Department should use this opportunity to make additional positive changes by better aligning with the updated Federation of State Medical Boards’ policy on audio-only care and patient record sharing and drawing on the lessons from the recent pandemic by affirming that telehealth is not secondary to in-person care.

ATA Action, the American Telemedicine Association’s affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

First, ATA Action believes that the Department should amend the definition of “Telemedicine” in Section 13.9(1) to include audio-only telephone care, which is currently explicitly excluded. In the interest of maximizing patient access to care and patient and provider flexibility, ATA Action firmly supports the adoption of technology-neutral telemedicine policies that enable practitioners to utilize synchronous, audio-visual or audio-only, and asynchronous technologies in the delivery of care. Furthermore, ATA Action maintains that policy makers should not restrict the modalities which practitioners may use when providing care to patients, permitting licensed health care professionals to determine which technologies are sufficient to meet the standard of care for the condition presented by the patient.

Allowing for audio-only telephone care would also better align Iowa policy with the Federation of State Medical Boards’ (FSMB) *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practices of Medicine* which clearly states that telemedicine may include audio-only communications “when audio-only interactions are considered the standard of care for the corresponding healthcare services being delivered” or when “a patient is unable or unwilling to access live-interactive modalities.”<sup>1</sup> Expanded access to audio-only care will be especially beneficial for citizens without reliable internet access due to broadband or personal technological limitations and those in rural and underserved communities.

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<sup>1</sup> *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practices of Medicine*, Federation of State Medical Boards, ratified April 2022.

**ATA ACTION**

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Iowa Medicaid pays for an audio-only interaction as long as it meets acceptable healthcare practices and standards and provides billing codes that identify services eligible for audio-only reimbursement. The current rule language causes confusion as it implies that audio-only telephone interactions are not allowed even when they meet the standard of care.

Second, ATA Action encourages the Department to make amendments to Section 13.9(11) to better align with FSMB policy on sharing patient medical records. The proposed rule, as currently written, would require licensees to provide a copy of the medical record of telemedicine services to the patient's medical home or treating physician(s). There are valid reasons why a patient may not want their telemedicine encounter to be shared with a prior treating physician. Our organization believes that these records should only be shared upon the request of the patient, as enumerated by the medical records section of the current FSMB model policy, in the interest of patient empowerment and provider efficiency.

Finally, ATA Action believes that amendments should be made to 13.9(8) to clarify that telemedicine is not secondary or ancillary to in-person care. The first sentence of this section reflects outdated thinking: "Generally, a licensee shall perform an in-person medical interview and physical examination for each patient," before then establishing the use case for telemedicine. The Department expressing a "general" preference for in-person care could shake patient and provider faith in telemedicine services, which are simply another way of meeting with and treating a patient. Suggesting telemedicine approaches are secondary also discredits the documented monumental benefits that virtual care has provided, especially in recent years helping to address challenges presented by the COVID-19 pandemic and ongoing healthcare professional shortages. We encourage you to consider eliminating the first sentence of 13.9(8) as drafted to more accurately reflect telemedicine's equal standing in the delivery of healthcare services and empower providers to choose the delivery method that best meets the needs of the patient and their individual circumstances. After all, it is the provider's professional discretion that determines whether or not the technology used is sufficient to diagnose and appropriate to treat the patient as presented in order to meet the standard of care.

Thank you for your support for telemedicine. We encourage the Department to make the amendments suggested above before adopting the new Chapter 13 to better align with FSMB model policy and in the interest of expanding Iowa patients' access to affordable, high-quality health care. If you have any questions or would like to engage in additional discussion regarding the telehealth industry's perspective, please contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", written in a cursive style.

Kyle Zebley  
Executive Director  
ATA Action