



## LD 1 An Act To Establish the COVID-19 Patient Bill of Rights

February 16, 2021

Senator Sanborn, Representative Tepler and members of the Committee on Health Coverage, Insurance and Financial Services, my name is Lisa Harvey-McPherson RN, I am here today providing comment on behalf of Northern Light Health and our member organizations regarding this bill. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, 8 nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with over 12,000 employees statewide.

Each section of the bill is substantive policy so I will comment on each section individually.

### **§1718-G. Notice of Costs for COVID-19 Screening and Testing**

This section of the bill should simply state that providers must provide notice of any upfront charges for COVID-19 screening and testing that will be due from the individual for the services. The State of Maine swab and send contracts pay for the vast majority of COVID-19 testing. The DHHS website lists swab and send sites and rapid testing sites available to the public at no charge. Should an individual choose a testing location outside of the state supported locations we agree that notice should be provided regarding upfront charges. Upfront charges could include a collection fee that is separate from the charge to conduct the test. In general, when not covered by the swab and send agreement, the charge for conducting the COVID-19 test is billed to the insurance carrier.

### **Prohibition of Costs for COVID-19**

The first portion of this section is clear, the provider may not charge an uninsured individual any amount for administering a COVID-19 vaccine. We ask that language be added to continue to require the State of Maine to cover the vaccine administration costs for the uninsured. The second portion of this section is less clear does this section apply only to the uninsured or does it mean that irrespective of coverage a provider may not charge associated costs such as processing fees and clinical evaluations for a vaccine appointment. If the intent is the universe of vaccine patients we oppose this language.

### **§4320-P. Coverage for health care services for COVID-19 – Testing**

This section of the bill provides an exception to coverage for surveillance testing. We recommend that language be added to this section that states a public or private entity

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may establish a private agreement with a provider of surveillance testing services. Ultimately the provider should be reimbursed for surveillance testing services and we want to avoid any potential misunderstanding that carriers exempt from covering surveillance services does not mean that the provider should not bill the entity for the providing the service.

## **2. Immunization; COVID-19 vaccines**

Today COVID-19 vaccine is provided to states by the federal government, the state in turn provides vaccine to vaccination providers to administer. There is no cost to the individual nor carriers for the cost of the vaccine. Should providers have to purchase the vaccine in the future we agree that carriers should provide coverage.

### **Prescriptions during a state of emergency**

This section of the bill states that prescribers may prescribe for an extended period of time not to exceed a 180-day supply of medication subject to limitation. We recommend that language be added to this section that carriers will also cover extended prescriptions, not to exceed 180 days, when the prescription would otherwise have been covered for less than a 180-day supply of medication.

### **Sec. B-6. 32 MRSA §13831, sub-§2-A is enacted to read:2-A. Administration of COVID-19 vaccines.**

We support the language in this section that authorizes pharmacists to administer COVID-19 vaccine.

### **Telehealth Services**

We oppose the proposed change to the definition of telehealth. During the COVID-19 pandemic telehealth has become an essential component of health care services. Flexibility to allow audio and or visual interaction has supported thousands of individuals to receive health care services safely at home. As we expanded telehealth care over the past year we also experienced the limitations of Maine's broadband structure particularly in rural locations. In many areas there simply isn't the broadband capacity to support the speed needed to ensure a high-quality visual interaction. In these instances, telephonic contact with the patient is essential. Rather than add language to define the limitations of telephonic coverage, telephonic coverage should simply be stated as a component of telehealth covered services. We further recommend that excluding facsimile machine, email and testing be removed from the statute. These are simply means of exchanging medical information from one location to another and not a stand-alone clinical service that should be prohibited.

We recommend this section of the bill be revised as follows:

Sec. C-2. 24-A MRSA §4316, sub-§1, ¶C is amended to read:

C. "Telehealth," as it pertains to the delivery of health care services, means the use of interactive real-time visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management and self-management of an enrollee's physical and mental health and includes real-time interaction between the enrollee and the telehealth provider, synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring. "Telehealth" does not include the use of audio-only telephone, facsimile machine, e-mail or texting.

### **Parity for telehealth services**

We support the language added to this section that states – A carrier may not reimburse at a lower rate for the telehealth service than would be reimbursed if it were provided by the same provider through in-person consultation. We have learned a lot over the past few months about costs for telehealth services. While some may think costs decline, our experience is the costs are fixed costs irrespective of the technology delivery model and there are new costs specific to telehealth care including technology support education on use for patients at home and a new workflow. Examples of telehealth related costs include:

- Technology licenses, equipment
- Technical coordination support for patients to set up with Zoom, this is essential to assist patients to successfully engage with their clinician during the telehealth visit
- Telehealth consent and registration outreach by staff in advance of the technology visit. Written signatures require mailing and then scanning into the medical record. It is critically important to continue verbal consent for telehealth after the emergency ends.
- Post encounter activity including transferring clinical information into the patient medical record and/or patient portal

### **Sec. D-1. Permitted Delegation of COVID-19 Vaccine Administration at point of dispensing (POD) vaccine sites for immunizations against coronavirus diseases 2019, SARS-CoV-2 or a virus mutating therefrom.**

We are in support of delegation of COVID-19 vaccine administration and offer two recommendations to this section of the bill.

#### **2. Permitted Delegation of COVID-19 Vaccine Administration.**

This section defines delegation of COVID-19 vaccine to employees, staff, agents, or volunteers. We believe the intent is to expand the pool of vaccinators to include retirees, medical students, nursing students and practitioners who may not have administration of vaccines within their current scope of practice. We recommend that this section be amended to include specific reference of the expanded pool of vaccinators.

#### **4. Requirements for the Memorandum of Understanding and Other Recordkeeping**

This section states that "The point of dispensing vaccine site and on-site clinician in charge are each responsible for retaining for a period of 3 years a record of the name of

each individual to whom vaccine administration is delegated under section 2 and evidence of their completion of the required training and observation.” We find this section to be administratively burdensome, we recommend that this section be changed to simply state that the organization signing the Memorandum of Understanding must have a process to ensure that vaccinators have appropriate credentials.

Thank you for the opportunity to provide comment on this important legislation.