



Testimony Neither For Nor Against

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

Presented by Kimberly Cook, Esq.

As Maine's nonprofit CO-OP health insurance company, we are focused on providing affordable, high quality benefits that promote health and wellbeing. We support legislation that results in improved health outcomes for our Members while making medically necessary care more accessible. However, we ask this Committee to carefully consider the language of this bill to ensure the provisions are not redundant with existing federal law and ensure the provisions will not have unintended consequences.

We commend the swift action of the Governor and Legislature in addressing the COVID-19 pandemic and resulting public health emergency. Throughout the pandemic, we too have worked diligently to address the needs of Maine people. Even before the state requirement, Community Health Options waived cost sharing for our Members when it came to screening and treatment costs for COVID-19 once it became a pandemic. This was appropriate then and it remains appropriate now as we are still working together to overcome this horrible chapter of widespread disease and economic disruption.

Part A. Testing and Screening

We are in full support of coverage for screening and testing for COVID-19 whenever it is medically necessary or performed in accordance with a standing order issued by a qualified health professional employed by the State of Maine. Like other public health and preventive measures that are deemed essential under the Affordable Care Act, we fully expect that protective measures against the spread of the novel coronavirus will be endorsed by the United States Preventive Services Task Force (USPSTF), and hence required to be covered with no out-of-pocket costs to the patient. A USPSTF endorsement is based upon clinical evidence and the endorsement triggers first dollar coverage for those preventive services. This is the case currently for the flu vaccine as well as a wide variety of vaccinations and preventative screenings. There is little doubt this coverage will be mandated for vaccination and testing protocols for COVID-19. **We ask the Committee to account for the existing coverage requirements of the Affordable Care Act and Maine law that ensures consistency with these requirements, and examine whether the provisions proposed in this section provide any additional protections or coverage.**



Part B. 180 Day Prescription Fills

Another critical area of support we have provided to our membership has been our work to ensure appropriate access to prescription drugs throughout the pandemic. We made thousands of outreach calls to our Members with chronic conditions to ensure that they could maintain access to their prescriptions. Being able to safely and conveniently access prescription drugs is critical for thousands of Mainers with or without a state of emergency. Even prior to COVID-19, many of our Members utilized mail delivery of their medications to manage their chronic conditions. **Between the availability of mail order, home delivery from local pharmacies and the use of telehealth, it is unclear to us that there is much to be gained through mandating a 180-day supply of prescription drugs. On the contrary, there is evidence that waste and diversion occurs when there is an overabundance of unused drugs in medicine cabinets.** We caution that this mandate is likely to generate significant waste and added costs, while providing minimal value to anyone but pharmaceutical companies. We are also concerned that this requirement could exacerbate the problem being addressed by LD 8, An Act To Support Collection and Proper Disposal of Unwanted Drugs.

Part C. Telehealth

Prior to the pandemic, telehealth was becoming an increasingly valuable tool in ensuring access to behavioral health and specialty care across Maine. As a result of COVID-19, telehealth adoption has accelerated and has become more common to ensuring access to health care. We support the availability of telehealth services and understand there are instances in which audio only telephone is the only medium available for conducting a telehealth visit.

However, we urge the Committee to consider the other pending bills regarding telehealth, in particular Representative Hymanson's bill LD 333. Representative Hymanson is both an experienced legislator and experienced health care provider and her perspectives and thinking regarding telehealth will provide valuable information to this Committee.

When the Committee does take up these telehealth provisions, **we encourage the Committee to include language that audio-only telehealth is only appropriate as a service payable under the Medicare Physician Fee Schedule.** This is a simple step that will ensure Mainers are receiving, and being billed for, services that can appropriately be delivered via telephone. Instead of dictating a payment rate that is likely to have unintended consequences, the bill would be better situated if it allowed telehealth services to flourish as part of the evolution towards value-based payments.

Thank you for the opportunity to share these comments with you. We support the intent behind LD 1 as that of ensuring access to and coverage for care and prescriptions, but we urge the Committee to consider our comments and amend the bill.