

Senator Sanborn, Representative Tepler, and distinguished members of the Joint Standing Committee on Health Care Coverage and Insurance Services .I am Kathy Day, retired RN from Bangor, writing with concerns regarding LD 1 “An Act To Establish the COVID-19 Patient Bill of Rights” Section C.

My brother became ill with nausea, vomiting and diarrhea a few weeks before Christmas. He couldn't eat or even drink much for almost a week and he lost 18 lbs. About 2 days after his first (in person) doctor visit, he was tested for COVID, which he had to leave his home to do. A few days before his test results, I began talking with him over the phone. While he waited for his COVID test results, he became much sicker, with cough and he was short of breath. He had to stay and sleep in his recliner because he had such trouble breathing. He couldn't use his CPAP machine, also because of his breathing.

I could hear his difficulty in his speech over the phone during our calls. I was extremely concerned about his issues and he made another appointment to “see” his doctor. This was a telehealth visit. He was given the choice of that or another in person visit. Because he was in quarantine, he made the decision for a telehealth visit.

For about 2 days I had advised him to go to an ER. He waited until he “visited” his doctor. She advised him to get a pulse oximeter, which he did. He had a neighbor get it for him. By this time, he knew his COVID test was positive. He called me all frustrated about how to use the device, so I walked him through it. He asked, “What does this mean 84%, and What does this mean 80 PR?” His oxygen level was 84%! 80 PR was his pulse rate. His oxygen level should have been over 90%! I had listened to him speaking for several days by then, and knew that his breathing was labored. He couldn't speak full sentences without difficulty. He wasn't moving much. He had fallen at least once. At one point he said he was too weak to go to the ER.

All of this made me wonder. How much of what I noticed in my conversations with my brother, did his doctor notice? And what did she miss during a telehealth call with a very sick and laboring COVID patient? During an in person visit with someone who has shortness of breath, a good practitioner would check lip color, and nail bed color, listen to lungs, and watch the chest for labored breathing. She would also have checked his Pulse oximetry reading during a visit and advised him accordingly, instead of leaving that to my brother.

It took several more calls with my brother to get him to go to the ER. We are separated by a half dozen East coast states, so going to him was not an option. He is very stubborn and I am certain that he did not comprehend the danger he was in with that level of oxygen in his blood. He lives alone, and I was literally prepared to hear about him dying in his sleep. I involved his sons to convince him to go to the ER. He finally called 911 and was transported to his local ER , who then in turn transferred him to

another hospital because of lack of rooms. He was treated with the full gamut of medicines, IV antibodies, Remdesivir, Dexamethasone, and oxygen. He was one of the lucky ones who began to respond very quickly to treatment, and was sent home from the hospital after 4 days of inpatient treatment. He has had a long gradual recovery from his illness.

I truly think it can be detrimental to patients to conduct telemedicine visits during acute illness. Very serious symptoms will be missed if the patient is not seen in person. I do believe there is a place and time that is appropriate for that kind of visit, like follow up visits, or discussions about progress, medicines or lab results. Acute care visits over the phone or computer could be dangerous in a lot of cases. My opinion is that much was missed during my brother's telehealth visit.

Also, I hope that this bill would not create a money wall between patients and their doctor or other provider. Some very meaningful but free calls have happened between these people for generations and it is part of the doctor patient relationship. Monetizing simple brief conversations could be very detrimental to both parties.

Thank you for your work on this issue.

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