

**State of Maine
130th Legislature
Joint Standing Committee on Health Coverage, Insurance, and Financial Services**

**Testimony of Charles F. Dingman
On behalf of the Maine Primary Care Association**

Supporting

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

Sponsored by President Troy Jackson

February 23, 2021

Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Charlie Dingman, a lawyer with the firm of Kozak & Gayer, and I am here today on behalf of the Maine Primary Care Association (MPCA). MPCA is a membership association that includes all of Maine's 20 Community Health Centers (CHCs). Maine's CHCs provide comprehensive primary and preventive care for approximately 1 in 6 Maine people. Community Health Centers make up the largest primary care network in the state, and they provide high quality, wide-ranging health care services. They are at the forefront of delivering care to underserved communities in our State, without regard to patients' ability to pay, and they have reconfigured their services to address the devastating impact of the COVID-19 pandemic on their patients and all of Maine's people.

The Maine Primary Care Association supports LD 1 and thanks President Jackson and Speaker Fecteau for bringing this measure forward at a critical time in our collective effort to respond to COVID-19 with the new tools of vaccination while continuing to deploy the established tools of testing, screening, and telehealth. We appreciate President Jackson's recent amendment replacing the bill, which demonstrates additional attention to embodying in our laws lessons we have already learned, while better preparing us for the challenge of effective vaccination of our population in order to substantially diminish the impact of this disease. We also thank the Governor's Office for its active interest in contributing ideas that can enhance rapid access to vaccination as vaccine availability increases.

The Association supports the provisions of Part A that will improve access to testing, screening, and vaccination for COVID-19 by removing the obstacles presented by cost-sharing and prior authorization requirements, and by ensuring that network limitations will not stand in the way of rapid access to these ways of controlling the pandemic. MPCA believes that further refinement may be needed with regard to proposed 22 MRS § 1718-G, which establishes notice requirements regarding COVID-19 screening and testing costs.

Because delivering care regardless of ability to pay is a central feature of CHC services and must be carried out in accordance with detailed federal requirements, the specifics of notice and the permissible means of recovering any costs of these services to uninsured patients are

likely different for FQHCs than for other providers. MPCA will endeavor to determine before the work session whether the Committee should modify subsection 1718-G(1) to accommodate the unique obligations and mission of Maine’s FQHCs, or whether rulemaking under subsection (3) as drafted might suffice to address this concern.

Part B authorizes prescribing and filling supplies of medications up to 180 days during a gubernatorially declared state of emergency by those typically licensed to prescribe or to fill prescriptions. MPCA supports these extended prescriptions. This Part also adds COVID-19 vaccine to the list of vaccines that pharmacists may administer. MPCA supports this provision to deploy pharmacists to administer the available vaccines but also welcomes the provisions of Part D, which may allow certain staff and volunteers at FQHCs who otherwise could not contribute to the workforce needed to administer vaccine to do so. The language making it clear that these special provisions need only be followed where existing delegation authority under the licensing statutes does not suffice or would impose greater burdens is important and appreciated.

Part C revises statutory language affecting payment for and the permitted scope of telehealth services covered by non-governmental health insurers. The bill leaves unchanged the separate definition of “telehealth” for MaineCare purposes in 22 MRS § 3173-H, which allows phone-only services in a set of defined circumstances, including some cases where access to audio-video interactive services might also be available.¹ While Part C seems to aim at the same balance in permitting audio-only telehealth, the proposed amendments to title 24-A differ from the language of title 22. Acknowledging that there could be sound public policy grounds for these differences, MPCA respectfully suggests examining both statutes and considering whether a uniform approach to defining and covering telehealth in the commercial and MaineCare contexts may be appropriate.

Thank you for your time during the hearing and for your attention to this somewhat more detailed written testimony. I would be pleased to respond to any questions via the contact information provided below.

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¹ 22 M.R.S. § 3173-H(1)(D) provides that telehealth “includes telephonic services when interactive telehealth services are unavailable *or when a telephonic service is medically appropriate for the underlying covered service.*” (Emphasis added.)