Northern Light Health
Government Relations
43 Whiting Hill Road
Brewer, Maine 04412

Office 207-861-3282
Fax 207-872-2030

Northern Light Health
Acadia Hospital
A.R. Gould Hospital
Beacon Health
Blue Hill Hospital
C.A. Dean Hospital
Eastern Maine Medical Center
Home Care & Hospice
Inland Hospital
Maine Coast Hospital
Mercy Hospital
Northern Light Health Foundation
Sebasticook Valley Hospital

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

February 23, 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.

Since the beginning of the COVID-19 pandemic the Northern Light Health lab has conducted 167,330 COVID-19 tests, 5466 resulted in positive findings. Our hospitals have cared for nearly 300 acute COVID-19 inpatients with hundreds more cared for in our community-based settings (home care, hospice, nursing facilities). We are now engaged in the most significant public health undertaking in our history as we work to vaccinate Maine's population with clinic locations from Portland to Presque Isle.

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, including the insured, then 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 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
While we agree with removing the current limited use of telephonic services. We oppose the proposed telephonic 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 a 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~~ includes 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. We discussed both recommendations with staff from the Governor's office and they are working to gather more information and working with us (and others) on the proposed changes.

1. Applicability – This section applies only to point of dispensing sites that have a written Memorandum of Understanding with the Maine Department of Health & Human Services, Center for Disease Control and Prevention to administer vaccines. The MOU's are generally between the large mass vaccination sites and the department. For Northern Light Health the Cross-Insurance Center is a good example of a MOU vaccination location. We reached out to the Governor's office regarding our interest in expanding delegation to smaller vaccine clinic locations, often in rural locations, that would greatly benefit from utilizing volunteers as outlined in this bill. We understand that there needs to be a process to ensure compliance with the volunteer training

standards should smaller locations without a Memorandum of Understanding be included.

2. Permitted Delegation of COVID-19 Vaccine Administration.

This section defines delegation of COVID-19 vaccine administration to employees, staff, agents, or volunteers. Delegation is made by at least one MD, DO, PA or NP (Provider) at a point of dispensing vaccine site who is/are responsible for overseeing the vaccine administration by each employee, staff, agent, or volunteer subject to Provider supervision (each a Delegating/Supervising Provider). Operationally we envision that each Delegating/Supervising Provider will be on site at least at some point on each day the vaccine site is operating. We agree that at least one Provider should be on site at all times during vaccine administration who is operationally overseeing activities at the site (the Provider in Charge). But this Provider in Charge need not be a Delegating/Supervising Provider. We recommend that the bill include a clear statement that the Provider in Charge need not be a Delegating/Supervising Provider.

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