MAINE ASSOCIATION OF HEALTH PLANS

Testimony of Katherine Pelletreau
to the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Neither For Nor Against

LD 323 An Act Regarding Insurance Coverage for Telehealth Services
LD 333 An Act Regarding Telehealth
LD 649 An Act to Expand and Promote Telehealth Services
LD 791 An Act Regarding Telehealth Regulations
LD 849 An Act to Make Permanent the Telehealth Reimbursement Options Passed by Emergency Measures
LD 1007 An Act to Increase Availability of Health Care through Telehealth
LD 1194 An Act to Reduce Health Care Worker Shortages (Telehealth)
LD 1361 An Act to Amend Telehealth Laws Regarding Out-of-state Telehealth Provisions

May 6th, 2021

Good Morning Senator Sanborn, Representative Tepler, Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services:

My name is Katherine Pelletreau and I am the Executive Director of the Maine Association of Health Plans (MeAHP). MeAHP has five members including Aetna, Anthem Blue Cross and Blue Shield, Cigna, Community Health Options and Harvard Pilgrim Health Care. Collectively, MeAHP's members provide or administer health insurance coverage to over 600,000 Maine people. The organization's mission is to improve the health of Maine people by promoting affordable, safe and coordinated healthcare.

MEAHP is offering consolidated testimony on the suite of telehealth bills before the Committee.

Health insurers are proponents of telehealth, seeing it as a tool to improve care and reduce costs for both providers and patients. Shared cost saving benefits include better management of chronic diseases, reduced travel times, and fewer or shorter hospital stays and ER visits.

Telehealth should be part of a hybrid care delivery model that includes both in-person and virtual care delivery elements. While its use is situational and does not lend itself to one size fits all policy, the COVID-19 crisis demonstrated that telehealth can be just as clinically effective as in-person care for many conditions. Policy makers should recognize this value by allowing telehealth visits to be counted towards network adequacy requirements, risk adjustment calculations, and quality measures.

Maine's current telehealth mandate

Maine is and has been well ahead of many other states on use and coverage of telehealth. We already have a robust telehealth law that is quite broad and requires that services delivered via telehealth be covered if they would be covered in person. It requires coverage of telephonic services when scheduled telehealth services are technologically unavailable at the time of the scheduled telehealth service.

Parity

The promise and vision of telehealth is to advance access to quality care and reduce costs for both providers and patients. Technology should *lower* unit costs, especially for low barrier access such as audio-only telephonic care.

Requiring parity in this context is not appropriate and carriers believe these matters are best left to negotiation as a contractual matter.

Audio-only telephonic care

During COVID, telehealth expanded exponentially, and audio-only services became more widespread, especially for behavioral health services. Carriers report significant increase in use of telehealth year-over-year. During this time, new codes were developed for audio-only services in recognition of widespread use and to simplify payment. There are now at least three new codes for different time increments for evaluation and management audio only telephone services.

Health insurers are mindful of the limitations of telephonic or audio-only visits. These types of visits can be an important tool for providers and patients to touch base or address questions pertaining to the patients' care but are not equivalent to in-person visits in terms of intensity or provider "touch" and should not be paid at the same rate.

Standard of care also rightfully limits the types of medical services that can appropriately be conducted via an audio-only visit (e.g., dermatology or a routine annual physical).

Audio-only telephonic services make sense in some situations such as during a stay-at-home order as we've experienced during COVID, to facilitate services being provided to people in domestic violence situations, and to provide behavioral health services, particularly for those without good internet access.

However, audio only telephone is not appropriate for many health care services as it cannot replace the visual aspects of audio-visual telehealth. We are wary of the potential for abuse by providers who see audio only telephone visits as a way to maximize their

income, even when they are not necessary, or another form of telehealth would be better suited. For these reasons, we suggest that language be added that would limit when audio only telephone may be used to those instances outlined above.

Telehealth Offerings and Separate Telehealth Deductibles

Several of the bills reference separate deductibles for telehealth. MeAHP members know of no instance where a separate deductible exists. Telehealth services, like in-person, would accrue to the same deductible under a medical policy unless they were being offered as an ancillary service. Many plans offer telehealth services to members through entities such as Teledoc or MDLive that charge a fee. This is separate from the medical policy and not a co-pay or payment under a deductible but rather a flat fee for service.

There is tremendous growth among services like these who are expanding their reach and offerings. Experts have likened the explosion to the dot.com boom some years ago, noting that 100s of telehealth companies have received start-up financing.[1]

Current laws can restrict the ability of clinicians to deliver virtual care to patients outside the state where they are licensed. Carriers are generally supportive of lowering barriers to care including the establishment of multi-state compacts and low barrier multi-state provider licensing.

The Governor's Executive Order #35 issued April 6th, 2020 directs use and coverage of all modes of telehealth across a broad array of practitioners. These telehealth measures were proclaimed on a temporary basis because of the COVID-19 pandemic and need careful consideration before continuation beyond the emergency. In particular, the order includes some categories of practitioner which should not be eligible for provision of telehealth such as acupuncturists, hearing aid fitters, and chiropractors. All these specialists provide hands on treatment modalities and services.

Thank you for your consideration of these comments.

[1] https://khn.org/news/article/the-boom-in-out-of-state-telehealth-threatens-in-state-providers/