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**Testimony of Katie Fullam Harris  
MaineHealth  
In Qualified Support of LD 1**

**“An Act to Establish the COVID-19 Patient Bill of Rights”**

**Before the Joint Standing Committee on Health Coverage, Insurance and Financial  
Services  
February 23, 2021**

Senator Sanborn, Representative Tepler, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Katie Fullam Harris from MaineHealth and I am here to testify in general support for this bill and to offer several suggested modifications.

MaineHealth is Maine’s largest integrated non-profit health care system that provides a continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Our scope of services range from primary and specialty physician services to behavioral health care and community and tertiary hospital care, home health care and a lab.

During the pandemic, MaineHealth’s has played a key role in testing, treatment and now vaccinating the residents of our service areas in Maine and New Hampshire. Specifically:

- As of the end of January, our nine MaineHealth acute care hospitals treated 64% of the hospitalized COVID-19 patients statewide;
- Our full service lab, NorDx, has played a critical role in processing tests for COVID-19 in Maine, and as of February 15, NorDx had processed 414,220 tests for COVID-19.
- And over the last two months, as part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” we are now fully engaged in leading the effort to vaccinate the residents of the counties we serve. We have the capacity to vaccinate 25,000 people per week, with vaccination clinics set up by each of our local health care systems and staffed by up to 750 care team members every day who are redeployed from other roles, many of which involve working from home. This is a massive undertaking, and one that will eventually help Maine regain its economy as our residents are vaccinated and can slowly return to normal activities.

MaineHealth supports the intent of this bill to ensure that Maine residents have access to needed health care, including testing, vaccines and prescriptions. We believe that access to affordable and comprehensive health coverage is an important element of meeting our vision of Working Together so our Communities are the Healthiest in America. We do, however, have several important suggestions related to the language in the amendment to LD 1, and they are noted below:

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1. Section 1718-G. Notice of Costs for COVID-19 Screening and Testing. The federal CARES Act requires that we list the cash price for COVID Testing on our website: [www.mainehealth.org/covid-19](http://www.mainehealth.org/covid-19). And current law and regulation requires that patients be held financially harmless for the cost of vaccines and symptomatic testing during the State of Emergency. Therefore, this section appears only to apply to surveillance testing. The State has implemented swab and send sites that provide free access to testing on demand. As we all hope that the State of Emergency can end in the near future, it will be reasonable to continue to hold providers accountable for providing to patients the price of the service. However, providers do not have access to the insurance information needed to meet the all of the requirements of this section of the bill, including instructions on how the individual can submit the charge to their insurance carrier. That information should be provided by the individual's insurance carrier. It should also be clarified that the bill is not asking providers to determine whether the individual is responsible for a deductible, as that, too, would have to be provided by the insurance carrier. Therefore we have concerns and questions regarding how we would implement several of these provisions.
2. Prohibition of Costs for COVID-19. The federal government has provided funds to states to offset the cost of providing vaccines for uninsured patients in the short term. However, we know that COVID-19 vaccinations are likely to become routine after the pandemic has subsided. Providers cannot be expected to cover the cost of providing routine vaccinations for uninsured patients going forward, and particularly those who do not fall under charity care guidelines. We suggest that this provision be limited to the State of Emergency, after which time the federal government and states can identify long-term means for supporting ongoing vaccinations for COVID-19 going forward.
3. Section 4320-P. Coverage for Health Care Services for COVID-19. MaineHealth generally supports this section of the bill, which will ensure ongoing coverage for testing and vaccines after the State of Emergency is lifted, and without cost sharing by the patient. Access to testing and vaccine, combined with continued use of social distancing, masking and hand washing, are the key elements in moving us towards a successful end to this pandemic. We support ensuring that Maine people be provided with as few barriers as possible to implement these tools and maintaining their use into the future.
4. Part B. Prescriptions During a State of Emergency. MaineHealth is generally supportive of the changes to prescribing requirements during a State of Emergency. We do, however, have a concern about the possible interpretation of "applicable standard of care," as standards of care change based upon changing circumstances. We suggest that

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this clause be deleted from all applicable sections of the bill, as it does not appear to add value and it does raise questions about its possible interpretation in the future.

5. Part C. Telehealth Services. In March of 2020, MaineHealth joined many other health systems in rapidly expanding its capacity to serve patients virtually. It has been one of the few silver linings of the pandemic, as it has worked very well for many patients, particularly in rural areas and those in treatment for substance use or mental health diagnoses. Prior to the pandemic, MaineHealth averaged 1,285 video and almost no telephonic visits per month. Since March, 2020, we are averaging nearly 20,000 video visits and over 15,000 telephonic visits per month.

The original language of this bill made clear that telephonic services – audio-only provided by telephone – should be considered under the definition of telehealth. We fully supported that change, as telephonic services have proven more effective for some patients than video services. However, the language added to the amendment is unnecessary and concerning. The reasons for audio-only visits vary, but include:

- Patients do not have adequate internet speeds to support video;
- Patients do not have a device with video capability;
- Patients do not have the technical literacy to operate video technology;
- Patients cannot afford adequate data plans to support video;
- Patients have a medical condition that causes paranoia or fear of being recorded.

Thus, we strongly believe that audio only services should be delivered at the discretion of the provider, and at full parity with other health care services, as is required in Section C-4. Providers and patients should not be required to jump through hoops to use a modality that is clinically appropriate for the situation. We suggest that the last sentence of Section C-2 be removed from any final draft.

6. Part D. Permitted Delegation of COVID-19 Vaccine Administration at Point of Dispensing Vaccine Site for Immunizations Against Coronavirus Diseases 2019, SARS-CoV-2 or a Virus Mutating Therefrom. We strongly support the addition of Section D, which will provide needed flexibility to increase vaccination capacity in Maine. This section includes reasonable oversight requirements that will ensure safety while allowing for expansion necessary to meet the demands of vaccinating our Maine population.

Thank you for your time and I would be happy to answer questions.