

# MaineHealth

## Testimony of Tom Caswell Director, MaineHealth Telehealth In Qualified Support of LD 1263

### “An Act Regarding Telehealth”

April 4, 2019

#### MaineHealth Member Organizations:

Franklin Community Health  
Network

LincolnHealth

MaineHealth Care At Home

Maine Behavioral Healthcare

Memorial Hospital

Maine Medical Center

NorDx

Pen Bay Medical Center

Southern Maine Health Care

Synernet

Waldo County General Hospital

Western Maine Health

#### Part of the MaineHealth Family:

MaineHealth Accountable Care  
Organization

#### MaineHealth Affiliates:

MaineGeneral Health

Mid Coast-Parkview Health

New England Rehabilitation  
Hospital of Portland

St. Mary's Health System

Senator Sanborn, Representative Tepler and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Tom Caswell, Director of Telehealth at MaineHealth, and I am here to testify in qualified support of LD 1263, “An Act Regarding Telehealth.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth is making significant investments in telehealth as a method to expand access to care, including Integrated Medication Assisted Treatment (IMAT), across a large and predominantly rural service area.

One of the greatest healthcare challenges facing the healthcare industry is how to deliver effective and cost-efficient care to people with serious chronic illness. In Maine, these healthcare challenges are compounded by having the oldest population in the nation, a healthcare worker shortage, the state’s rural landscape, and its high levels of poverty. Elders, particularly those in rural areas, have the least access to transportation and are most in need of home health monitoring to manage their chronic health conditions and avoid the expense and emotional upset of hospitalizations, emergent care, and premature placement in nursing homes and assisted living facilities. Telehealth, however, can help deliver the needed care and reduce unnecessary hospitalizations.

LD 1263 brings telehealth service, specifically telemedicine, in line with in-person healthcare services regulations. Aligning telehealth services regulations with established in-person regulations will streamline the delivery of care by allowing providers to incorporate telehealth into existing workflows.

Healthcare workflows are operationally efficient care delivery processes that improve access to care by optimizing resources, time and patient flow within a hospital or clinic. Telehealth specific regulation when overreaching creates inefficiencies by requiring new workflows and processes to deliver patient care.

MaineHealth does have significant concerns, however, with various sections of the bill, including:

- *Section 3. Coverage for telehealth services. Subsection F. Coverage for a prescribed schedule I, II or III controlled substance, as defined in 21 United States Code, Section 812, is not permitted.*
  - Prescribed schedule III controlled substances, like buprenorphine, should be permitted. If this bill were to pass in its current form, MaineHealth could not continue to offer IMAT vita telehealth.
- *Section 6. Exclusions. Subsection C. Any health care service that is medically inappropriate for delivery through telehealth.*
  - The US Centers for Medicare and Medicaid Services (CMS) publishes a comprehensive list of telehealth eligible Current Procedural Terminology (CPT) codes. Aligning with CMS approved CPT codes would follow best practices.

For those reasons, I urge the Committee to vote Ought to Pass on an amended version of LD 1263, “An Act Regarding Telehealth,” that addresses these concerns. Thank you and I would be happy to answer any questions you may have.