

## Meeting Summary & Action Items

### Maine Telehealth and Tele-Monitoring Quarterly Advisory Group Meeting

Date: Friday, May 14, 2021 10:30AM-12:00PM (Re-scheduled from 5/6 to accommodate public hearing for TH bills)

**Attendees:** Lisa Nolan, Lisa Harvey-McPherson, Mel Lovering, Andrea Gimple-Blanchard, Yvonne Jonk , Lisa Letourneau, Sue Woods, Tom Leet, Alecia Swihart, Carol Carew, Kevin McGinnis, Kelly Marshall, Kim Esquibel , Natalie Dumont, Jerry Dubois, Amy Heino, Jasmine Bishop, Sam Hurley, Danielle Louder, Reid Plimpton

Issue	Summary/Decisions	Action Items and/or Resources	Lead
<b>Welcome &amp; Agenda Scan</b>	Danielle opened meeting and did agenda scan with the group to ensure all key items were covered.	No additional agenda items requested/added	Danielle All
<b>Telehealth Policy Updates</b>	<p><b>New Practice Guideline for Admin of Buprenorphine for OUD</b>            Lisa L provided overview of <a href="#">New Practice Guideline for the Administration of Buprenorphine for OUD</a> which removes previous barriers around in-depth training; Lisa pointed out important misperception that this is a complete waiver – it is not. Announcement 2 wks ago - Biden, SAMHSA – simplifying the X-waiver process/reduces barriers for providers</p> <ul style="list-style-type: none"> <li>• Language eliminating requirement of Behavioral Health counseling (confusing point as not currently required)</li> <li>• Promotion of <a href="#">CA Bridge</a> program – impactful and could be used in Maine; Advisory members interested in seeing and potentially replicating the messaging</li> <li>• Carol C - Exciting turn of events for treatment of long-term SUD in primary care</li> </ul> <p><b>Maine 130<sup>th</sup> Legislature – <a href="#">Special Session: Updates from May 6 Public Hearings on Telehealth Bills</a></b></p> <p>DL – most diverse and well-participated public hearings we’ve seen in a long time, including many Maine organizations and some large TH vendors (ATA and Teledoc)</p> <p>Lisa H-M – synopsis, marathon of hearings            10 bills (see link above for greater detail), structured in blocks of policy – five key focus areas:</p> <ul style="list-style-type: none"> <li>• Licensing flexibility</li> </ul>	<p>Lisa L to share messaging from CA Bridge program            Re: “3 Easy Actions to Stop OD’s” that summarize actions from the recent HHS changes for bupe X-waiver – sent 5/14 - <a href="#">CA Bridge Program</a></p> <p><b>Resource: 5/17 Licensure Compact Webinar:</b> includes: Medical, Nursing, Psychology, EMS and Physical Therapy – event has passed but we will try to get a link to the recording to share.</p> <p><b>Follow up/next steps:</b>  <b>Work Session (Tues, May 18<sup>th</sup> 10 AM)</b>            See: <a href="#">Outline of Questions and Proposed Changes in Telehealth Bills Being Considered by HCIFS Committee</a></p>	<p>Lisa L</p> <p>FYI</p> <p>FYI</p>

- TH policy
  - Telephonic coverage
  - Payment parity
    - Opposition to payment parity from carriers, ATA
- Title 22
  - HHS – allow of verbal, electronic, or written consent for services (largely in realm of BH)
- Workforce

Synopsis of comments from Advisory members:

- Sue W: Overall, most were positive on the telephonic piece  
 - Parity issue – shocked that ATA said they were anti-payment parity; Legislators’ Qs and comments – suggest they do not believe in payment parity

- On administrative/clinical side, TH can be same or more work
- Lisa H-M: Misperception that costs go away when services change to TH
- Lack of consumer voice at the hearing; Info on patient satisfaction around TH, what the patients are saying when responding to Qs
- Danielle: Hybrid model (in-person and virtual) can cost more as you have to maintain bricks and mortar AND technology needed to do virtual care
- Jasmine – from ATA’s perspective – consider the board membership of ATA, which includes large vendors which do ONLY virtual care – would give them a larger market share if they could show cost savings with this model
- RE: testimony around patient satisfaction and input – Legislator requested more data specific to satisfaction based on ethnic-demographics of data, breaking down shared ME patient population
- Feel there is confusion around telephone parity – not everything can be coded as video visits – there are codes specific to telephone and those reflect an appropriate cost for that service
- Lisa H-M RE: Ann Perry’s Bill (LD323)

[Proposed Amendments to LD791](#)

[Upcoming Public Hearings and Work Sessions](#) – if you would like to participate:

- Email clerk that you want link to work session ([webmaster\\_house@legislature.maine.gov](mailto:webmaster_house@legislature.maine.gov))
- If there is a particular question, in committee, they will let you in and out of meeting virtually
- If you are in the waiting room, you may raise your hand, but may or may not be called on

	<ul style="list-style-type: none"> <li>○ Cannot issue first prescription based on TH first encounter (has been established since PHE, but should be kept around)</li> <li>● Sue Woods – we are lucky to have legislators that support TH, however it’s clear we must care careful around language describing TH and what TH is good for, for example, Rep. Hymanson’s testimony - “TH isn’t as good” <ul style="list-style-type: none"> <li>○ Cognizant in designing TH exam/assessment for the future, greater capacity to treat at a distance</li> <li>○ Lisa H-M – interpreted Rep. Hymanson’s comment as gold standard is seeing patient hands-on, but TH is not necessarily inferior, just a change</li> </ul> </li> </ul> <p><b>Federal bills to watch:</b></p> <ul style="list-style-type: none"> <li>● DL - Lots of activity at the federal level; TH still has bipartisan support <ul style="list-style-type: none"> <li>○ <a href="#">TH Policy Tracker</a></li> <li>○ Connect Act – fourth time it’s been introduced (<a href="#">CCHP fact sheet</a>) - How act removes barriers to TH access</li> <li>○ Lisa H-M - Senate version of CONNECT Act – Sens. Collins and King signed on (<a href="#">Summary</a>)</li> <li>○ Golden and Pingree haven’t signed on yet – further engagement needed there</li> <li>○ Sue Woods – question on restrictions for telemonitoring in CONNECT Act – should be expanded</li> </ul> </li> <li>● Lisa H-M – Sen. King to work on behavioral TH language in response to new requirements that passed December 2020; would allow home as originating site, lifting of geographic restrictions, but still requires in-person encounter within a timeframe (correction should be made for this restriction)</li> </ul>	<p>NETRC team to search CONNECT Act and other Federal bills for mention of addressing current limitations on RPM and report back to group</p>	<p>NETRC</p>
--	--	---	--------------

**TH/TM Priority Areas**

- Assess and reset workgroup goals and objectives as needed (check-in):
- Primary Care workgroup
    - Danielle - Still planning on an ECHO series based on sustaining TH in primary care setting, beyond COVID-19 - however, we want to make sure our timing is right with respect to changing policy landscape, we have the correct faculty representation, and that our efforts are not duplicative to other efforts
    - Carol C – many moving parts in different directions, echoes making sure we have the right faculty to address sustainability
      - Primary care TH is here to stay, no longer under-utilized, using TH to address SDoH, innovative uses by health centers and priority areas/primary needs
      - Telephonic issue – really important for primary care, as well as BH
        - Patient capacity
  - Policy workgroup
    - Increased meeting schedule until legislature got really busy
    - Centered around exploring space of policy changes, summarization of current landscape
    - MaineHealth ACO – inventory of carriers and what’s covered, ask for approval for sharing within this Advisory group but payers are pushing back on it
      - Yvonne asked if we could triangulate on list of codes that are publicly available. Is a workaround possible?
      - Jasmine – working on strategy to redact info that is not ready to be public. Can add on what Yvonne has. Payers align with Medicare codes posted.
      - Reid – shared FAIR Health presentation to TRCs; Yvonne – on the data, FAIR Health footprint for rural is not representative

To make recommendations for ECHO faculty – please email Danielle ([dlouder@mcdph.org](mailto:dlouder@mcdph.org))

Confirm whether Carrier Inventory can be shared with the Advisory and in what capacity

Reid to share pdf of slide deck – **see attachment** in 5/18 email.

All

Jasmine and Policy Workgroup



