Maine Telehealth and Telemonitoring Advisory Group Agenda

Thursday, August 7, 2025 (10:30AM – 12:00PM)
Remote ONLY: https://us02web.zoom.us/j/84757320540
Meeting ID: 847 5732 0540 By Phone: 1-646-558-8656
Webpage: https://netrc.org/work-group.php

Invitees: Maine Telehealth and Telemonitoring Advisory Group Membership
Attendees: Danielle Louder, Caren Bishop, Reid Plimpton, Lisa Harvey McPherson, Tracy Jalbuena, Andrew Solomon, Sue Woods, Lisa Letourneau, Stephanie Gagne, Mara Larkin, Mike Kiers, Alecia Swihart, Yvonne Jonk

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10:30A   **Welcome, Announcements & Agenda Scan** *(Danielle Louder, All)*

10:35A   **Priority Areas: Key Updates and Action Items**
- **Promote Payment Change** *(Policy Workgroup)*
  2026 Proposed Physician Fee Schedule – public comments due Sept. 12; CCHP *Newsletter writeup* and *Fact Sheet*; *ATA synopsis*
  State & Federal Policy updates: Maine LD765 Controlled Substances Prescription Monitoring Federal: CONNECT for Health 2025 (S1261 reintroduced); 119th Congress Legislative Tracker

  DL: Encourages everyone to submit feedback on public comments – the more support the better. PFS – provider address removal not included – strong talking point for public comment. The more people using the same template has more of an impact.

  LHM – AHA 9/30 – we are expecting telehealth to be included in short term CR – not a permanent solution.

  DL - Strong bipartisan support for the Connect for Health Act 2025 which addresses most of the pre-Covid barriers i.e. geographic restrictions.

  RP- chat - https://www.fiercehealthcare.com/regulatory/digital-health-pfs-cy2026
  "CMS did not address the issue of home address reporting for Medicare telehealth providers. "

  TJ – how are others preparing a contingency plan?

  MK – as a critical access hospital we are prepared to offer telehealth at a loss with not much reimbursement.

  LHM – if government shuts down and waivers expire – in general CMS would issue guidance.

 *RP – Provider location goes to CMS – submit public comments if you are concerned.*

  TJ – added complication that if the waiver expires it only applies to Medicare – differential coverage across payers. Equity issues, difficult to operationalize.

  *LML – That raises the question about whether this group would want to advocate for legislation this session for **payment parity**. Several other states have done this.*

  DL – NETRC can't advocate, but we can share what other states have done – spread awareness.

Follow-up Info from NETRC on states with payment parity for private payers:
Currently, 23 states and DC have explicit payment parity requirements in their law,
which is the most common modification made to state laws according to the Center for
Connected Health Policy's (CCHP) 2024 state policy report. New York is an example
of a state to have a temporary payment parity requirement initially tied to the COVID
public health emergency - NY recently passed a law extending telehealth
reimbursement parity for private payers to April 2026, ensuring that telehealth services
continue to be reimbursed at the same rate as in-person care for the next two years. In
addition, Connecticut recently made their COVID policy ensuring payment parity
permanent.

CCHP Map from Fall 2024 State Policy Report:
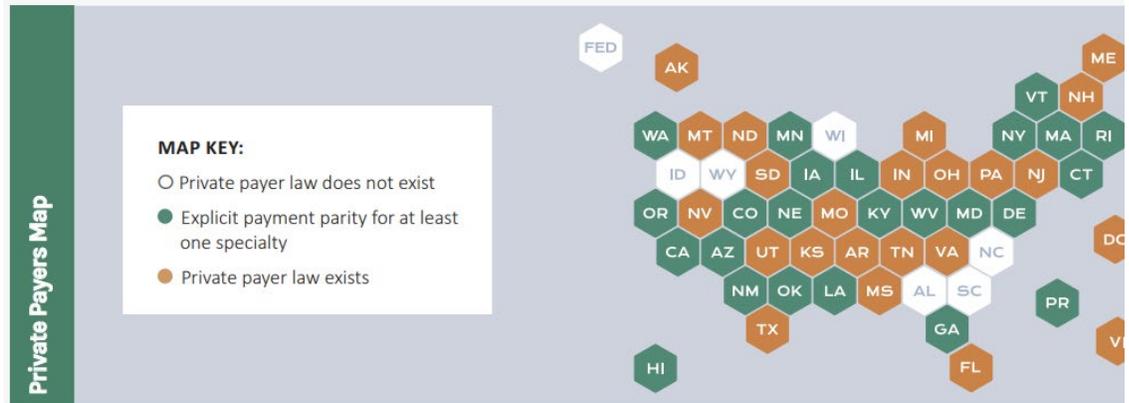
Review CCHP fact sheet for highlights from PFS – what is included and what is not
included in the proposal.

TJ – board of licensing drafting new telehealth definitions – now including audio only
under the telehealth definition. Did anyone see other changes?

LML – shared new language in the chat so we can review.
NEW: "Telehealth" means the provision of health care services using electronic audio-
visual communications and information technologies or other means, including
interactive audio with asynchronous store-and-forward transmission, between a
licensee in one location and a patient in another location with or without an intervening
health care provider. Telehealth includes asynchronous store-and-forward
technologies, telemonitoring, and real-time interactive services, including teleradiology
and telepathology. When necessary and appropriate under the circumstances and if in
compliance with the applicable standard of care, telehealth includes the use of audio-
only technology. Telehealth shall not include the provision of health care services only
through e-mail, instant messaging, facsimile transmission, or U.S. mail or other parcel
service, or any combination thereof between a licensee in one location and a patient in
another location with or without an intervening health care provider
*   OLD/ to be struck: "Telemedicine" means the practice of medicine or the*
rendering of health care services using electronic audio-visual communications and
information technologies or other means, including interactive audio with
asynchronous store-and-forward transmission, between a licensee in one location and
a patient in another location with or without an intervening health care provider.
Telemedicine includes asynchronous store-and-forward technologies, remote
monitoring, and real-time interactive services, including teleradiology and
telepathology. Telemedicine shall not include the provision of medical services only
through an audio-only telephone, e-mail, instant messaging, facsimile transmission, or
U.S. mail or other parcel service, or any combination thereof.

- **Terminology Shift:** *From "Telemedicine" (doctor-focused) to "Telehealth" (broader, inclusive of all health care services).*
- **Expanded Access:** *Audio-only services are now permitted **when appropriate and compliant** with standard of care.*
- **Broader Application:** *Reflects evolving technology and use cases in virtual care, including behavioral health, nursing, and more.*

- **AI Task Force and Healthcare AI Workgroup** *(Lisa L)*
    - Updates and discussion of opportunities moving forward; *Task Force Recommendations due to Gov Mills' Office 10/31/25.* [Federal AI Action Plan](#); [ATA AI Principles](#)

LML – opportunities and risks for AI. Create a report for the governor sometime later this fall. Members of the healthcare AI workgroup. Nothing to share in writing yet – big opportunities have been some of the things most in use; ambient documentation, sharing best practices from systems that are further along with using AI. Education for the patient population, transparency, consent. Build trust around the use of AI.

DL – one of the meetings included a rep from the nurses' union – share their concerns around the use of AI in the nursing sphere.

LML – fear is that AI will replace nurses, providers, staff etc. The feeling of the group is that it is not meant to replace anyone but to make their job more efficient.

AS – Patient safety concerns – do organizations need to be more intentional on capturing patient safety reporting from AI interactions or programs. A potential redesign to capture that?

TJ – There will likely need to be a re-design. Nothing in quality metrics flag AI.

SG – MaineHealth does not have the intention to deploy AI that would run on its own. Fall avoidance is an enhancement – there is always a human involved.

How are we handling the informed consent? We have some ambient policies. Policy informed consent to treat that we may use ambient dictation for note taking. But we don't have one yet for continuous observation.
Do other institutions have a separate form for AI or is it embedded in consent to treat? They've seen both. Do you have to change the signage in the room? Make them aware of virtual observation that's going on.

SW – AI Job loss will be a thing. Will affect the customer service side – healthcare has a lot of those people. It would be great to identify which jobs in healthcare are most at risk.

TJ – If billing codes capture AI use we might see improvement. Document AI, safety events etc.

DL – NETRC has been funded through 2029; there are couple other HRSA opportunities that should be announced fairly soon – we're seeing more NoFos on grants.gov. Positive news from OAT – they are anticipating the Rural Health Network Planning and Implementation grants to move forward. TNGP will likely be focused on tele-nutrition. 5 new telehealth centers of excellence – chronic disease, interventions, prevention etc.

- **Behavioral Health** *(Reid, Caren, Lisa)*
  - o Updates and opportunities specific to maternal mental health

RP – Met with MaineHealth team and vendor, Mother of Fact, to set up a tele nutrition panel this Fall. Currently assisting Heywood Hospital in Mass in a 1-year pilot program for perinatal and post pregnancy RPM for high blood pressure. Billing and coding, resources provided by NETRC.

LML – RMOMS work doing this with MaineHealth – NETRC confirmed they received resources from MaineHealth and shared with Heywood.

DL – developing and providing assistance for some of the smaller orgs to get this up and running. Talked with the RMOMs team about this – provide in depth TA and NETRC can help with implementation.

LML – maternal mental health – TMaH grant – PQC4ME – there's a lot to address with billing, sustainability. What are the different pieces, who's working on it, how do we make it sustainable.

DL – opportunity to learn best use case and share.

- **Primary Care and Workforce**
  - o **Virtual Acute/Urgent Care** – state-wide resources and opportunities *(Lisa L)*

LML – How to maximize telehealth to support primary care – reduce high utilization of ED. Acute care, same day care, how do we expand the workforce? What are various health systems around the state doing to offer this? Specifically for MaineCare patients. Alternative to using the ED – something more accessible by using virtual care. Hope to have a panel presentation on this in the future – put out awareness to members and providers that alternatives are available.

YJ – Dr. Busko work with CCPM mobile integrated health / community paramedicine / telehealth. His model comes up with alternative venues other than ED. Respond to 911, use telehealth to coordinate a call with PCP if it is not an emergency. Avoid visit.

TJ – Data collection is difficult especially crossing systems. Attribution of cause effect will make it difficult – some programs will have small numbers.

DL – one of the goals is to make this info available to anyone who wants to see it.

11:00A   **Group Discussion: TH/TM Workgroups – Strategic Focus Moving Forward**
Discuss survey responses, confirm ongoing/new workgroups based on current and anticipated landscape.
Action: **Prioritize 3-4 TH/TM Workgroups and solidify membership commitment**

TJ – there can be overlap that applies to multiple scenarios

AS – Home and community based services – Medicaid services – how could we leverage telehealth / telemedicine within the community programs? We have a shortage of resources, RN, how do we keep people out of the hospital? Money follows the person program – piloting to see if Medicaid could cover some of these things in the community programs.

SW – MAHA initiatives should be represented in the groups. Opportunity – focus on food and nutrition. Nutrition security – huge opportunity. UMaine has a coop – cooking, Mother of Fact doing nutrition counseling over telehealth. UNE doing research and developing curriculum around culinary medicine.

RP – second MAHA report is slated to come out next week. Specific to adolescents.

TJ – Policy/reimbursement, innovation, and a 3ʳᵈ one that is clinical based – clinically relevant content (hospital and ambulatory)

DL – We will send a follow up survey with these 3 groups
Survey link: https://www.surveymonkey.com/r/7VT52RW

11:40A	**Resources and Opportunities**

- National TRC Resources: Webinars - July webinar recording; Telehealth Coverage Across Select Private Payers - CCHP
- CMS MLN Update - Medicare and Mental Health Coverage booklet
- *Evolving Remote Monitoring: An Evidence-Based Approach to Coverage and Payment* – *Peterson Center on Healthcare; Beyond Compliance: Sculpting the Future of Digital Health, not Just Navigating It* - CTeL
- Funding Opportunities: Private and other
- Upcoming Events, etc.
  - Healthcare AI Bootcamp Virtual Series – Recordings and August 12 Sessions
  - Demystifying RCM and ROI for Telehealth - August 11; Hallowell & Virtual
  - New England Rural Health Association Fall Conference – Nov. 4-5, Mystic, CT

11:55A	**Wrap-Up & Next Steps** *(Danielle)* **-** Action items and agenda items for next meeting

12:00P	**Adjourn**

Next Meeting: Thursday, November 6, 2025; 10:30am to 12:00pm