

**State of Maine**  
**130th Legislature**  
**Joint Standing Committee on Health Coverage, Insurance, and Financial Services**

**Testimony of Charles F. Dingman**  
**On behalf of the Maine Primary Care Association**

*Supporting*

- LD 1681, An Act Regarding Telehealth Services for Certain Licensees of the Office of Professional and Occupational Regulation and Certain Licensees Affiliated with the Department of Professional and Financial Regulation (GOV BILL, Presented by Senator SANBORN, H. of Cumberland)
- LD 1007, An Act To Increase Availability of Health Care through Telehealth (Presented by Representative LIBBY, L. of Auburn)
- LD 1194, An Act To Reduce Health Care Worker Shortages (Presented by Representative LIBBY, L. of Auburn)
- LD 323, An Act Regarding Insurance Coverage for Telehealth Services" (Representative PERRY, A. of Calais)
- LD 333, An Act Regarding Telehealth (Presented by Representative HYMANSON, P. of York)
- LD 849, An Act To Make Permanent the Telehealth Reimbursement Options Passed by Emergency Measures (Presented by Representative MATHIESON, K. of Kittery)

**May 6, 2021**

Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Charlie Dingman, a lawyer with the firm of Kozak & Gayer, and I am here today on behalf of the Maine Primary Care Association (MPCA). MPCA is a membership association that includes all of Maine's 20 Community Health Centers (CHCs). Maine's CHCs provide comprehensive primary and preventive care for approximately 1 in 6 Maine people. Community Health Centers make up the largest primary care network in the state, and they provide high quality, wide-ranging health care services. They are at the forefront of delivering care to underserved communities in our State, without regard to patients' ability to pay, and they have reconfigured their services to address the devastating impact of the COVID-19 pandemic on their patients and all of Maine's people.

The Maine Primary Care Association supports the various efforts of the sponsors of the bills before you today to address lessons learned about the value and effectiveness of telehealth,

borne of the unprecedented combination of a need to deliver care remotely during a public health emergency and the capacity in our time to do so. MPCA and its member health centers, which pivoted rapidly to deliver an unprecedented proportion of their services via remote technologies and, in the process, discovered unexpected benefits of doing so, support those portions of LDs 1681, 1007, 1194, 323,333, and 849 that recognize the value of telehealth and support its continued deployment wherever and whenever it serves the objective of providing access to high quality care for all Maine people. MPCA recognizes that the other bills before you this morning may also contain proposals that warrant your consideration as you develop your recommendations.

We thank the sponsors and cosponsors of these bills for bringing them forward. As you consider these bills and select the best parts of each to report out for enactment by the full Legislature, we ask that the final product of your deliberations include the following provisions.

1. **Payment and Coverage Parity.** Those providing health care coverage should pay for comparable telehealth services at the same rates established for in-person delivering of those services provided that the telehealth service is medically appropriate. Reduced reimbursement will hinder the ability of community health centers to continue providing services through telehealth beyond this emergency, wherever that method of delivery will improve access for those located far from the physical locations of their providers or facing other obstacles, such as transportation, to in-person visits. The largest component of the cost of health care is the labor cost for practitioners and support staff, and these costs do not diminish when telehealth is substituted for in-person care – nor can physical facility costs be reduced proportionately, because in-person care will still be needed. Telehealth also imposes additional technology costs. When these factors are considered, reduced rates for telehealth cannot be justified. Reduced rates for telehealth can have the unintended consequences of (1) encouraging providers to encourage in-person service delivery even when that choice will not enhance care and may discourage timely attention to health issues, and (2) providing incentives for development of high-throughput, lower quality health services rather than delivering the equivalent of in-person care without the risks, costs, and potential delays of unnecessary in-person visits.
2. **Continued licensing approval and equitable reimbursement of audio-only telehealth** for those that do not have access to the internet or to affordable internet services, or those who may be uncomfortable with video conferencing but whose health needs can be properly addressed through audio only interaction with a health care professional.
3. **Providing for electronic means of signifying consent** for a telehealth option when it is medically appropriate.
4. **Recognizing the Value of Telehealth for Behavioral Health Services.** The experience of Maine’s CHCs has shown that telehealth will be a crucial tool as health care providers respond to the emerging mental health crisis arising from the COVID-19 emergency. CHCs need all the tools at their disposal to meet this unprecedented

demand for counseling, brief interventions, and intensive support for those needing behavioral health care. CHCs learned from the pandemic that people will use telehealth to get these services. In many instances, the CHCs found that telehealth access reduced no-shows and actually improved the quality of therapy dramatically.

5. **Broad scope for Telehealth.** The enacted laws resulting from your deliberations on these bills should continue to allow most health care services to be provided through telehealth when medically appropriate. Licensing and coverage should in fact be expanded to include specialty services to covered during this emergency, such that any service that can be delivered effectively and at high quality via telehealth should be within the scope of a licensee and reimbursed in the same manner as an in-person service of comparable complexity.

As noted in our testimony on the telehealth provisions of LD 1, which the Committee ultimately removed from that bill in recognition of the various other telehealth bills they would need to consider, consideration should be given to standardizing the language defining telehealth services for reimbursement purposes and including audio-only telehealth reimbursement across payor types. MPCA urges the Committee to consider adopting the MaineCare statutory standard, 22 MRS § 3173-H, and also to consider the simplification of that standard proposed by Representative Mathieson in L.D. 849.<sup>1</sup>

Thank you for your attention to MPCA's concerns. We would welcome the opportunity to participate in the work session as you fashion a final product consistent with the expanded use of telehealth, which has provided unexpected benefits in addition to furnishing a way to limit exposure to COVID-19. I would be pleased to respond to any questions now, at the work session, or via the contact information provided below.

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<sup>1</sup> 22 M.R.S. § 3173-H(1)(D) provides that telehealth “includes telephonic services when interactive telehealth services are unavailable *or when a telephonic service is medically appropriate for the underlying covered service.*” (Emphasis added.) This is a workable standard, but L.D. 849 would further improve this to remove case-by-case uncertainty about what audio-only services are reimbursable.