

We're here in support of this bill and have been an active party in support of telemedicine because we ultimately as a health care provider, we feel a responsibility to embrace health care delivery innovations, especially to improve quality, reduce costs, improve timely access to needed care, and improve patient satisfaction.

We're grateful of the effort put forth by Mr. Reynolds but ultimately, not requiring for reimbursement for telemedicine outside of a health care facility will delay development on this effective method of health care delivery. The report does not take into account the evidence based results of telemedicine from health care providers that have implemented the practice, health care providers like Fletcher Allen, Dartmouth and Planned Parenthood that need this reimbursement to effectively develop telemedicine capacity.

Dr. Meagan Gallagher,
Interim CEO and Senior Vice President of Business Operation at Planned Parenthood of Northern New England

Dr. Sarah Pletcher, Medical Director of Dartmouth- Hitchcock's office of telehealth

Planned Parenthood of Northern New England Testimony
S.88 Reimbursement for Telemedicine Outside of a Health Center

Thursday, March 14th, 2013

About PPNNE

Hello, my name is Meagan Gallagher and I am the Interim CEO and Senior Vice President of Business Operation at Planned Parenthood of Northern New England. In my role at PPNNE, I work hard to ensure we are providing the high quality health care to patients when they need us. We are laser focused on improving public health outcomes and one strategy do that is to expand access to providers for Vermonters.

Our patient demographic is men and women between the ages of 18-35 who primarily seek reproductive health care from us in all corners of the State. In 2011, our health center staff saw over 17,000 patients and had over 25, 000 visits. For many Vermonters, particularly in the most rural parts of the state, we are often their only source of health care. In addition, last year, 91% of our patients were at 200% FPL.

Access to in-person services can often be difficult for a wide variety of reasons, notably mobility limitations, major distance or time barriers, work restrictions, domestic issues and transportation limitations. For example if a patient doesn't drive, doesn't own a car or have access to public transportation or does not come from a supportive living situation. An innovative way we have been able to expand access to providers is through the implementation of telemedicine.

About Telemedicine and Act 107

Telemedicine is becoming a popular tool to expand access to patients, with nearly every state in the country embracing it some form.

According to the American Telehealth Association, 44 states have varied levels of Medicaid coverage telemedicine-provided healthcare services. Each state's definition of "telemedicine/telehealth" or and "originating site" differs depending on the health care needs that need to be met. Laws in states like California and Texas have no restrictions on the type of setting where a telemedicine encounter may take place. New Mexico law goes even further and recognizes the patient's residence as an originating site.

Last year, with your support, Vermont became a leader in telemedicine with Act 107, which allows for the reimbursement of telemedicine services within a health center. Act 107 has been a very important step in providing health care providers such as ours with the reassurance that the efforts we make to make health care more accessible will be compensated for and that the State is committed to expanding health care.

Act 107 defines telemedicine as the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. Telemedicine does not include the use of audio-only telephone, e-mail, or facsimile.

Our patient satisfaction

Because of your good work last year in passing telemedicine policy, we were able to move forward with telemedicine services for our patients in the St. Johnsbury region. In order to be open five days a week in St Johnsbury, we began practicing telemedicine between our Newport and St Johnsbury Health Centers. These visits are exactly the same as in person visits except that the provider is present via videoscreen. Telemedicine has been cost efficient for us as a health care provider and encourages patients to get care sooner than later.

This program started in December of last year and so far we have seen 42 patients through telemedicine. A specific procedure is adhered to for telemedicine visits and a patient will always have the option to come in for an in-person visit if they prefer. All of our telemedicine patients had a favorable experience with telemedicine as did our medical professionals and health center staff.

About S.88

The bill before you, S.88 is meant to remove the health center limitation from the reimbursement requirement and not to redefine what the state considers telemedicine to be. It is not our intention to start charging for new services or redefine what telemedicine and can cover. The legislature went through this process already.

The overall goal here is to responsibly utilize new technologies for providing quality health care to Vermonters and knocking down barriers to essential health care. The health care facility limitation is an impetus to serious progress in developing telemedicine capacity.

We are very supportive of this legislation because patients should be able to access health care services with as little barriers as possible. When talking about getting more people in the health care system, we believe we should do it by defining what centers they should go to, but find them where they are. The next generation of young people are online, on iphones, on ipads, you name it. For example, we are already starting to see a shift in utilizing technology for appointment reminders.

Telemedicine methods of providing covered services should be on parity with in-person methods. Again, this legislation does not require new coverage.

In Response to the DFR Report

In Act 107 a study committee was formed to explore telemedicine services outside of a health care facility. We appreciate the efforts of the Administration's work on the report and thank Mr. Reynolds for his efforts around the issue. Understanding that Act 107 didn't take effect until October 1, 2012 and that few insurance plans renew in October, we do not feel there is anything conclusive from the report to prevent this legislation from moving forward.

We agree wholeheartedly with the report's notion that "Telemedicine technology may become an important part of the health care armamentarium in Vermont and the state must be ready to use it wisely and well" (Page 5). We have such an opportunity here, but we can't develop this capacity alone.

We are very interested in the potential pilot program suggested in the report and believe the pilot would be one piece of the greater telemedicine puzzle. As we explore innovative ways to knock down barriers through telemedicine, it's important that we know we share a vision with the State.

Conclusion

As one of the providers mentioned in the DFR report that has billed for telemedicine services, our data confirms the report's finding that telemedicine is indeed a growing trend. The best way to encourage development of this cost-efficient and effective form of medical care would be through passing this legislation. Health care providers with regional and statewide networks, some of whom you'll also hear from today, have embraced telemedicine and see serious potential for care outside of a health care facility. To realize this potential, this legislation needs to move forward.

Expanding telemedicine outside of a health center is the next logical step and ensuring reimbursement will be the necessary vehicle for providing health care providers like ourselves with the operational support to expand health care access. If we move forward with telemedicine, you'll help providers knock down barriers and create better health outcomes while saving money.

S. 88 - Expanding telemedicine reimbursement to include coverage outside of a health care facility

What is Telemedicine: "Telemedicine" also known as "Telehealth" as defined by Act 107 means the delivery of health care services such as diagnosis, consultation, or treatment through the use of live interactive audio and video over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 .

Last year, the governor signed a law which ensures telemedicine services are covered by insurance plans and Medicaid, but restricts it to use within health centers.

What we want: Like other health providers in the state, we'd like to position ourselves to fully implement a telemedicine program in order to eliminate distance barriers and improve access to medical services that would often not be consistently available in rural communities.

Supportive Organizations:

Bi State

Dartmouth Hitchcock
Fletcher Allen
Vermont Association of Hospitals & Health Systems
Planned Parenthood of Northern New England

Why this should happen: Telemedicine is widely considered an easy to improve care, safety and maximize cost efficiency for health provides. Expanding telemedicine to include coverage outside of a health center will reach some of the most rural Vermonters and ensure that as many people as possible get access to essential health services. Vermonters unable to access public transportation and those without licenses will benefit from this expansion and reimbursement will make it possible to provide this service which many Vermonters will utilize

Problem: The state requires telemedicine to be practiced in a health care facility in order to qualify for reimbursement for services. While the possibility of pilot programs for the development of telemedicine outside of a health center is intriguing, ultimately, the best way for the State to embrace the potential benefits of telemedicine would be to secure for reimbursement outside of a health center.

CURRENT LAW:

Sec. 1. 8 V.S.A. chapter 107, subchapter 14 is added to read:
Subchapter 14.

§ 4100k. COVERAGE FOR TELEMEDICINE SERVICES

(a) All health insurance plans in this state shall provide coverage for telemedicine services delivered to a patient in a health care facility to the same extent that the services would be covered if they were provided through in-person consultation.

PROPOSED CHANGE:

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Consumer choice -- Patients should be able to choose how they receive a covered service, including their urgency, convenience and satisfaction.

Non-discrimination -- Telehealth methods of providing covered services should be on parity with in-person methods. This legislation does not require new coverage.

Reduce disparities in access to care -- For many people access to in-person services is very difficult for a wide variety of reasons, notably their mobility limitations, major distance or time barriers, and transportation limitations (don't drive, have a car or have transit available). For existing programs however funded, track metrics of interest to the legislature (miles saved, transfers avoided)

Improve physician availability -- Many areas of the state already have numerical shortage of needed providers. Another problem is a lack of providers willing to treat the patients of a particular payor (usually for reimbursement reasons). These problems are only expected to worsen. Telehealth methods can reduce provider's practice costs, improve their productivity, and facilitate triaging for specialty care.

Improve quality of care -- Identify key health status indicators that can be improved with improved access (infant mortality, stroke related disability). Wider patient choices will foster provider competition.

Using innovation -- Each state, as the regulator of insurance policies offered to its citizens, has a strong and vital interest in taking advantage of health care delivery innovations, especially to improve quality, reduce costs, improve timely access to needed care, and improve citizen satisfaction.



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