

Outline of Testimony to the Senate Health & Welfare Committee  
Concerning Audio Only Health Care Services

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- The committee is considering legislation that would extend certain provisions in Acts 91 and 140 of the 2020 session (“the 2020 Acts”).
- Of concern to MVP is the fact the draft legislation would amend section 8 of the 2020 Acts to direct the Department of Financial Regulation to consider promulgating rules that would obligate insurers to reimburse providers for, among other things, providing health care services through audio only means.
- The current emergency rules that DFR promulgated pursuant to the 2020 Acts requires insurers to provide coverage for audio only health care services and to reimburse providers for those services at the same rate as would be the case if the services were provided by in person or by audio/visual means.
- MVP does not oppose the notion of being required to cover the provision of audio only services after the end of the COVID emergency.
- However, MVP respectfully submits that it would be inappropriate to require that reimbursement for audio only services be at the same level as is the case for health care services provided by in person or by audio/visual means. There may well be cases where such “parity” in reimbursement is appropriate. However, there may be cases where reimbursement parity is not appropriate.
- Some considerations that should be taken into account regarding reimbursement for audio only services include the following:
  - From a clinical perspective the value of audio only services may not be equivalent to in person services as the clinician is unable to take a patient’s blood pressure, monitor their heart rate and gather other information about the patient’s health that requires the patient to be physically present.
  - From a patient’s perspective the value of audio only services may not be equivalent to in person services.
  - It may be the case that the cost to the provider of providing audio only services is less costly than other modalities. If so, it is submitted that reimbursement should

reflect that fact.

- In many cases audio only services have traditionally been provided without charge as they are a follow on to an in person visit and the reimbursement for the in person visit included any follow on audio only service.
- Given the fact that many people have deductibles in many situations the cost of audio only services will be borne by the patient.
- It is acknowledged that the draft legislation provides that DFR's rules would not remain in effect beyond January 1, 2024. Hopefully, by that time the health care system will have moved to a value-based reimbursement system. In any event, January 1, 2024 is more than two and a half years away and the fee for service approach to reimbursement will still be extant during that period.
- In sum, MVP feels that the issue of reimbursement for audio only services should not be subject to a "one size fits all" approach but instead be left to the insurers and the providers to work out.
- Accordingly, it is respectfully submitted that the draft legislation should expressly direct DFR, in promulgating rules, to *not* require that audio only services be reimbursed at the same level as in person services are reimbursed.