May 5, 2021

The Honorable Heather Sanborn
Chair, Maine Committee on Health Coverage, Insurance and Financial Services
Maine Senate
82 Frost Hill Road
Portland, ME 04103

The Honorable Denise Tepler
Chair, Maine Committee on Health Coverage, Insurance and Financial Services
Maine House of Representatives
13 Homeplace
Topsham, ME 04086

RE: ATA COMMENTS PENDING TELEHEALTH BILLS

On behalf of the American Telemedicine Association (ATA) and the over 400 organizations we represent, I am writing to comment on the telehealth bills pending before the committee. The ATA is the only national organization completely focused on advancing telehealth, and we are committed to ensuring that everyone has access to safe, affordable, and high-quality care whenever and wherever they need it. The practice of telehealth empowers the health care system to provide services to millions more patients every year in an efficient and efficacious manner. The ATA represents a broad and inclusive coalition of technology solution providers and payers, as well as partner organizations and alliances, working to advance industry adoption of telehealth, promote responsible policy, advocate for government and market normalization, and provide education and resources to help integrate virtual care into emerging, value-based modalities.

The ATA has a longstanding position that state policies related to tech-enabled healthcare delivery should be modality neutral and enable a healthcare professional to practice as efficiently and effectively as possible. In short, government should not pick winners and losers in technology innovation; rather, it should set in place good public policy to encourage such innovation. This allows a practitioner to use their expertise, discretion, experience, and the standard of care to determine which delivery method will be the most effective for each unique patient. We urge the Committee to consider a truly technology neutral approach to defining “telehealth” – similarly to how LD1681 does.

As far as the rate of reimbursement for telehealth services is concerned, the ATA maintains that state policymakers should set rational guidelines that are both fair to the provider of such services and reflect the cost savings offered to the health care system by the effective use of telehealth technologies. In some instances, reimbursement parity may be appropriate while in other instances it may not be.

Lastly, the ATA believes that all healthcare practitioners should be included under the telehealth umbrella. The COVID-19 pandemic has shown that it is not just doctors and their patients who benefit from remote care, but also mental, oral, and other physical health providers and their patients. To that end,
the ATA encourages this committee to include all health care providers in any telehealth bill that moves forward.

Again, we thank you for your consideration of telehealth in Maine. We urge you and your colleagues to pass permissive telehealth policy in the interest of expanding access to affordable, quality health care across the state – particularly in rural and underserved communities. Please do not hesitate to let us know how we can be helpful in your efforts to advance common-sense telehealth policy in Maine. If you have any questions or would like to discuss further the telehealth industry’s perspective, please contact me at kzebley@americantelemed.org.

Kind regards,

Kyle Zebley
Public Policy Director
American Telemedicine Association