



April 24, 2023

Farah Hanley
Chief Deputy Director for Health
Michigan Department of Health and Human Services
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RE: ATA Action concerns regarding Bulletin MMP 23-10 and request for meeting

Dear Deputy Director Hanley,

I am contacting you on behalf of ATA Action to express concerns regarding the March 2, 2023 Michigan Medicaid Policy bulletin MMP 23-10 which provides updated guidelines for Medicaid reimbursed telemedicine services subsequent to the conclusion of the federal COVID-19 Public Health Emergency (“PHE”). Additionally, I hope it might be possible to meet with you and discuss these updated guidelines at your earliest convenience.

ATA Action, the American Telemedicine Association’s affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

ATA Action agrees with the bulletin’s conclusion that telemedicine services should always meet the same standard of care as in-person services; if a telemedicine encounter cannot meet this standard, then the telemedicine encounter should not take place. Furthermore, ATA Action recommends state law should empower licensed clinicians and patients to determine if a modality of care is clinically appropriate based on the patient’s presentation, rather than enact policies that arbitrarily restrict patient access when telemedicine encounters are appropriate to meet the standard of care. Furthermore, state policy can clarify that if subsequent patient treatment requires an in-person physical examination, then providers have a responsibility to refer the patient for in-person follow-up care.¹

Unfortunately, it appears that Bulletin 23-10 not only encourages a preference toward in-person care and away from telemedicine services, but would restrict telemedicine services that do not include “reasonably frequent and periodic in-person evaluations of the beneficiary by the provider.”

¹ This is also the recommendation of the Federation of State Medical Boards. See Federation of State Medical Boards, *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, April 2022, pages 6 and 9, <https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf>.

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ATA Action believes this policy would reduce access to innovative and efficacious telemedicine service offerings to Medicaid patients in Michigan, especially when important benefits of such services include the lower cost and convenience derived from reducing or eliminating clinically unnecessary in-person examinations. Broad shortages of healthcare personnel can also make booking an appointment with an in-person provider difficult and result in delayed treatment, especially for rural patients who may have to commute long distances and working individuals who would need to be absent from their jobs.

In-person examinations also do not necessarily translate into better healthcare services. Rather, studies have consistently shown that the quality of healthcare services delivered via telemedicine is as good as those given in traditional, in-person consultations. In some specialties, particularly in mental health care, telemedicine can often deliver a superior service with greater patient satisfaction.

Finally, the bulletin would create a double standard by placing restrictions on Medicaid beneficiaries that are not placed on Michigan patients who receive their health insurance in the commercial market. As you are likely aware, in 2020 the legislature passed, and Governor Whitmer signed, a collection of bi-partisan bills which increased access to telemedicine, including a new provision specifically barring private insurers from requiring for reimbursement “face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine” [Michigan Code § 500.3476]. The bulletin would effectively create two-classes of patients, those with broad access to telemedicine services and those with limited access, simply on the basis of their ability to afford a private insurance plan.

Thank you for your consideration of ATA Action’s concerns. It would be great to meet with you to discuss these concerns and a possible approach for the safe provision of telemedicine services in Michigan that preserves access for Medicaid patients. Please do not hesitate to contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", written in a cursive style.

Kyle Zebley
Executive Director
ATA Action