



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

January 27, 2021

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 393 – Support with Amendments

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente supports SB 393, “Maryland Medical Assistance Program and Health Insurance – Coverage and Reimbursement of Telehealth Services.” However, we ask that the Committee consider some amendments, detailed below.

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 775,000 members. In Maryland, we deliver care to over 450,000 members.

Kaiser Permanente has been offering telehealth services since 2013 and quickly expanded our existing and already robust virtual care services to provide thousands of video, audio, and secure email visits daily during the coronavirus pandemic. Prior to the pandemic, approximately 85 percent of our appointments were completed in person and about 15 percent were virtual. In the early months of the pandemic, the balance shifted to nearly 90 percent virtual services, and today we are providing approximately 50 percent of care through telehealth, about half through video visits and half through audio-only telephone visits. Chart 1 below shows the how the proportion of telehealth and in-person visits has shifted over time.

Incidentally, as the visit types shifted during the pandemic, member satisfaction saw its largest single quarter increase and highest overall level ever. We closely track member satisfaction, a metric that includes care experience and primary and specialty care access. Chart 2 below illustrates this increase.

Kaiser Permanente supports SB 393 overall because it removes restrictions on access to telehealth services for both Medicaid enrollees and commercial members. In particular, we

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

support the changes that remove the originating site requirement and expand the types of providers eligible to provide telehealth services in the Medicaid program. Also, while we support explicit coverage of audio-only telehealth, we do not believe the legislature should mandate specific payment levels for these services.

We ask the Committee to consider the following comments and amendments:

- **Health – General 15-103(a)(2)(xv).** Kaiser Permanente supports the changes to this section that remove the originating site requirement for all health care services in the Medicaid program.
- **Health – General 15-141.2(a)(4).** The definition of “health care provider” includes all individuals who are licensed, certified, or otherwise authorized to provide health care under the Health Occupations Article. It also includes mental health and substance use disorder programs. This definition would expand the types of providers who are able to deliver care via telehealth. KP supports this expansion.
- **Health – General 15-141.2(a)(7).** The definition of telehealth includes “audio-only delivery between a health care practitioner and patient using telecommunications technology,” “store and forward communications,” and “remote patient monitoring services.”
 - KP supports the inclusion of audio-only in the definition. The language used to describe audio only services differs from that in SB 3/HB 123, so we would suggest alignment between the two bill.
 - KP believes that “store and forward communications” would already be covered as asynchronous interactions.
- **Insurance 15-139(a)(2).** As in the Medicaid statute, the definition of telehealth in the Insurance Article includes “audio-only delivery between a health care practitioner and patient using telecommunications technology,” “store and forward communications,” and “remote patient monitoring services.”
 - As noted above, KP supports the inclusion of audio-only in the definition. The language used to describe audio only services differs from that in SB 3/HB 123.
 - As noted above, KP believes that “store and forward communications” would already be covered as asynchronous interactions.
 - KP generally supports the use of remote patient monitoring but does not support the inclusion of this term in the definition of telehealth in the Insurance Article and so offer the amendment below.

On page 8, in line 29, after “**TECHNOLOGY;**” insert “**AND**”; in lines 30 and 31, after “**COMMUNICATIONS;**” strike:

“**AND**

(IV) REMOTE PATIENT MONITORING SERVICES”.

- **Insurance 15-139(d)(1)(ii).** This subparagraph requires an entity to reimburse certain services appropriately provided through telehealth “on the same basis and at the same rate as if the health care service were delivered by the health care provider in person.” Kaiser Permanente supports appropriate reimbursement levels for all services but recognizes that that might not mean parity on all services for all types of telehealth appointments when compared with in-person care. We recommend that the statute be silent on reimbursement levels, and to that end offer the amendment below.

On page 6, in line 25, strike the colon; in line 25, strike “(I)” and in line 27, strike “AND”; strike lines 28-30 in their entirety.

- **Insurance 15-139(h)(1) and (2).** Kaiser Permanente objects to this language as it appears to interfere with the ability of a provider to determine the most appropriate venue for providing a health care service. To that end, we recommend the language be removed and offer the amendment below.

On pages 10-11, strike beginning with the colon in line 28 on page 10 down through “(3)” in line 1 on page 11; in lines 4 through 7, strike “(I)”, “(II)”, “(III)”, and “(IV)”, respectively, and substitute “(1)”, “(2)”, “(3)”, and “(4)”, respectively.

- **Insurance 15-139(h).** Kaiser Permanente has been working closely with the MIA on changes to the regulations on network adequacy and believe the regulatory forum is the better space to continue that work. To that end, we recommend that this subsection be removed from the bill.

On pages 10 and 11, strike beginning with line 28 on page 10 down through line 7 on page 11.

Thank you for the opportunity to comment. Please feel free to contact Allison Taylor at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,



Allison Taylor, MPP JD
Director of Government Relations
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

Chart 1: Volume of In-person, Video, and Audio-only Visits, Dec 2019-Oct 2020

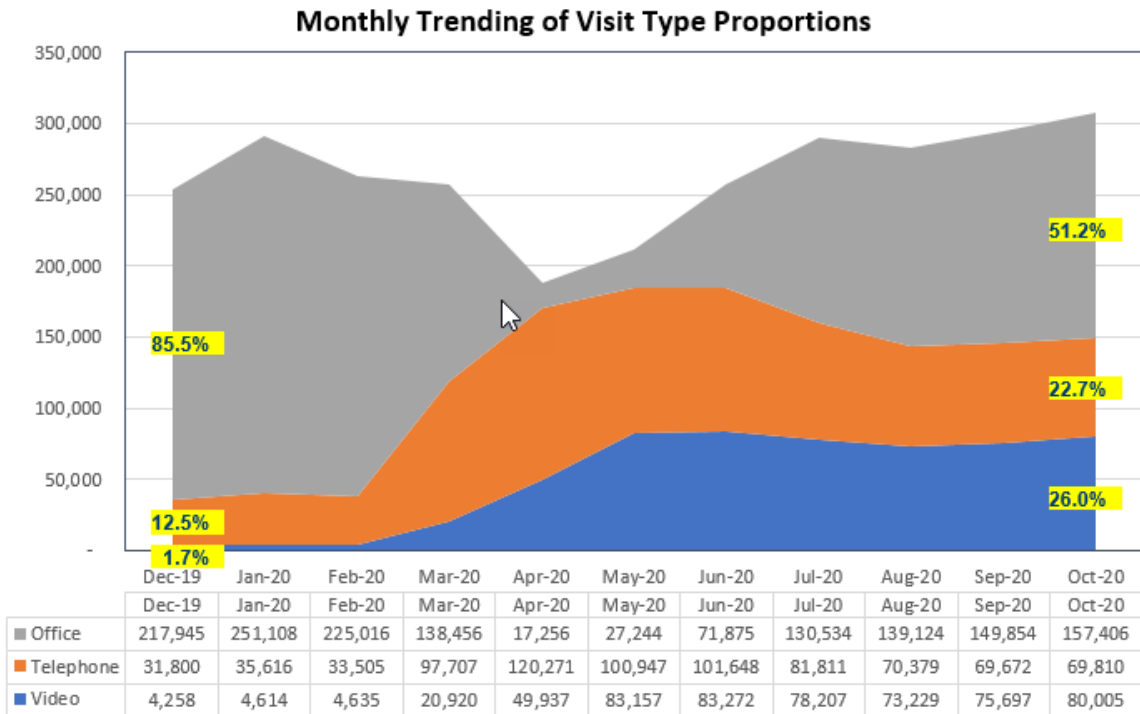


Chart 2: Member Satisfaction, 2017-Q3 2020

