



Maryland
Hospital Association

August 4, 2017

Michele Phinney, Director
Office of Regulation and Policy Coordination
Maryland Department of Health
201 West Preston Street, Room 512
Baltimore, MD 21201

Reference: Proposed amendments to regulations .02, .04-.07, .09 under COMAR 10.09.49
Telehealth Services

Dear Ms. Phinney,

On behalf of the Maryland Hospital Association's (MHA) 64 member hospitals and health system members, we appreciate the opportunity to submit comments on the draft regulations to amend COMAR 10.09.49-Telehealth Services. MHA appreciates the state's work to expand telehealth services and encourage adoption and implementation by removing current restrictions

The draft regulations resulted from Senate Bill 570 and House Bill 658, introduced during the 2017 legislative session, which would have required the Medicaid program to cover health care services delivered through telehealth, including store and remote patient monitoring. The bills also would have repealed the Department's authority to specify which providers would be eligible for reimbursement for telehealth services. While we understand the Department's desire to expand coverage and reimbursement for telehealth services while also monitoring quality of care and costs, case studies from several states demonstrate that not limiting telehealth to specific providers brings several benefits, including improved care for patients.

We therefore support the proposed changes as published, but once again strongly urge the Medicaid program to consider removing these restrictions. We agree that allowing community-based substance use disorder providers, opioid treatment programs and outpatient mental health centers to use telehealth is a critical step in addressing the current opioid epidemic and increased behavioral health needs in the state, because these conditions deserve the same attention as any medical condition. But when patients seek this care they face a shortage of qualified behavioral health practitioners and limited community-based resources, and telehealth can help relieve the effects of that shortage. As the state has acknowledged, true improvement in health cannot be realized if behavioral health care is not integrated with other types of care.

MHA does not agree with the decision to entirely restrict the use of store and forward applications. Several conditions can be diagnosed by images, and specialists often can determine the medical condition and course of treatment with an image and assessment by the originating site provider. We understand the concern of over-utilization and the need to manage total cost of

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care, but the state should test the use of store and forward for future consideration, perhaps via a pilot for certain patient populations. For example, teleradiology, reimbursed for by Centers for Medicare and Medicaid Services for both intrastate and interstate services, has shown to provide encouraging preliminary evidence when used for stroke patients. Particularly, early results show that neurologists with stroke expertise can determine radiological intravenous rtPA eligibility via teleradiology.

MHA agrees with the proposed rules requiring minimum standards for privacy for patient-provider interactions. MHA also supports the changes stipulating that providers practice within the scope of practice determined by their governing licensure or credentialing board.

MHA does not agree that prior authorization be required for behavioral health services when there is no such limitation on somatic services. Any service that requires prior authorization or a utilization review should fall under parity requirements.

We have not commented on remote patient monitoring in this letter because it is our understanding additional regulations will be published on that topic; MHA will submit comments at that time.

We appreciate the department's consideration of our comments. Getting people the right care, at the right time, and in the right setting is critical to hospitals' and the state's work to transform care; broad use of telehealth services is key to knocking down barriers to that care. We look forward to a continued partnership with the state on these goals.

Respectfully,

A handwritten signature in black ink, appearing to read "Jennifer Witten", with a long horizontal flourish extending to the right.

Jennifer Witten, MBA
Director of Government Relations

Reference:

Schwamm LH, Chumbler N, Brown E, et al; on behalf of the American Heart Association Advocacy [Coordinating Committee. Recommendations for the implementation of telehealth in cardiovascular and stroke care: a policy statement from the American Heart Association](#) [Published online December 20, 2016]. *Circulation*. doi: 10.1161/CIR.0000000000000475