



American Telemedicine Association

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November 3, 2016

Al Redmer, Jr.
Commissioner
Maryland Insurance Administration
200 St. Paul Pl., Ste. 2700
Baltimore, MD 21202

RE: ATA Comments on Topics for November 3, 2016 Public Hearing on Regulations to Implement HB 1318/SB 929

Dear Commissioner Redmer:

The American Telemedicine Association (ATA) appreciates the opportunity to provide comments regarding the Maryland Insurance Administration's (MIA) adoption of regulations to implement HB 1318/SB 929, concerning health insurance network access standards and provider network directories.

Founded in 1993, ATA promotes professional, ethical and equitable improvements in health care delivery through telecommunications and information technology. Our priorities are to promote patient safety, increase the quality of care and expand access and patient choice in health services. In essence, telemedicine is merely the delivery of health services using the tools and advances of telecommunications.

States have been major innovators using telemedicine to implement health delivery reforms that achieve cost savings and improve health outcomes. ATA has been instrumental in the development and passage of these reforms, providing education, outreach and engagement for key stakeholders at the state level. Including Maryland, 31 states and the District of Columbia have telemedicine parity insurance laws for health benefit plans to treat telemedicine covered services comparably with in-person services.

Telemedicine is particularly relevant in the consideration of network adequacy requirements and other consequences of health professional shortages, maldistribution, and participation. Despite decades of efforts to entice health professionals to locate in or near underserved areas, the problems have generally gotten worse. The tools of telemedicine can be of immediate benefit to enrollees, carriers, and providers.

HB 1318/SB 929 directs the MIA to adopt regulations to establish quantitative and, if appropriate, non-quantitative criteria to evaluate the network sufficiency of health benefit plans, including telemedicine, telehealth or other technology. Using network adequacy models from California, Nevada, Oregon, and Washington, our comments will focus on the advantages of including health care delivery innovations, such as telemedicine/telehealth, to improve quality, reduce costs, improve timely access to needed care, reduce waiting times, and improve consumer satisfaction.

ATA's proposed recommendations follow.

Provider Directories

ATA recommends that you require carriers to provide enrollees with a description of the plan's services and features delivered via telemedicine. Providing enrollees and participating providers with a description of available telemedicine-provided services supports appropriate use of telemedicine and expands access to high quality

intensive care, specialty care or counseling to consumers, particularly in rural or underserved areas and enhance network adequacy.

Specifically, carriers should make available in the paper-based and electronic provider directory, which includes search functions, all of the following information:

Telemedicine/Telehealth Capability: Information about any available telemedicine or telehealth-provided service(s) must include and specifically describe the nature of the provider's telehealth availability, including but not limited to modality (e.g. interactive audio-video, interactive audio, store-and-forward, and remote patient monitoring), hours of operation, services provided, whether the provider may be accessed without referral.

Network Access Plan

Prime examples of telemedicine uses to determine network sufficiency include access to highly specialized physicians and other health services 24 hours per day/7 days a week, and the accommodation of patient choice and preferences such as language or gender. ATA recommends that you require carriers to include in their access plan a description of their, and contracted participating providers, telemedicine implementation and use. Specifically, the access plan's description should highlight the use of telemedicine to reduce service wait times, improve timely access to care especially for "off-hours" arrangements, and support triage and screening. It is imperative that the carrier's access plan comply with Md. Code Ann., Ins. Law § 15-139 and not intentionally limit the scope of telemedicine utilization for in-network providers.

Quality of Care and Service Waiting Time Standards

ATA believes that time and distance are inadequate measures of determining patient access to care. Even the use of the term "visits" in lieu of "appointments" is a more appropriate measure, and reflects actual delivery of services in different settings. Further, telemedicine is an important part of the delivery of integrated care and prevention and can be practiced with the assurance of quality and safety for the public, allowing many services to be delivered to anyone anywhere.

Telemedicine can help the carrier's meet standards for ensuring timely access to care, reduce waiting times, as well as enhance consumer satisfaction with the health plan. ATA recommends that you, in compliance with Md. Code Ann., Ins. Law § 15-139, require carriers to utilize telemedicine as a means of assuring that services are available within the network without reasonable delay. These services include but are not limited to high volume specialists, preventive services, mental health, substance abuse, urgent care, routine primary care.

Utilizing telemedicine is essential for carriers to innovate the delivery of care and create new service models that improve the quality of all care. Carriers will have more ability to leverage data to employ network design strategies to reduce cost, promote good health outcomes, and improve quality and enrollee health.

Discretionary Waiver of Network Access Standards

If a carrier is unable to meet network access standards required by law, ATA recommends that you allow the carrier to submit a waiver application which includes a description of alternatives that were considered, including but not limited to, telemedicine consultations.

Thank you again for the opportunity to share our comments with you. We look forward to the Department's careful consideration of our comments and thoughtful development of this regulation.

Sincerely,



Jonathan D. Linkous
Chief Executive Officer