



Mid-Atlantic Permanente Medical Group, P.C.
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

July 16, 2021

Kathleen Birrane
Commissioner of Insurance
Maryland Insurance Administration
200 St. Paul Street, Ste. 2700
Baltimore, MD 21202

Comments submitted electronically via networkadequacy.mia@maryland.gov

Re: Kaiser Permanente Comments on Network Adequacy Regulations

Dear Commissioner Birrane:

On behalf of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and the Kaiser Permanente Insurance Company, we appreciate the opportunity to provide comments regarding how telehealth can support efforts to ensure provider network sufficiency. Kaiser Permanente is one of the largest private integrated health care delivery systems in the United States, delivering health care to over 12.5 million members in eight states and the District of Columbia.¹ In Maryland, D.C. and Virginia, we provide and coordinate complete health care services for more than 789,000 members.

At the June 18, 2021 meeting of the Network Adequacy Workgroup, the MIA facilitated discussion regarding use of telehealth as part of accessing covered services, as part of its charge under the Preserve Telehealth Access Act of 2021 to study (1) how telehealth can support efforts to ensure health care provider network sufficiency and (2) the impact of changes in access to and coverage of telehealth services on consumers' choices of in-person care versus telehealth care. With these goals and MIA's specific questions in mind, we are pleased to provide the following feedback and recommendations.

Kaiser Permanente views and uses telehealth as an integral component of overall care delivery and has been offering our members high-quality telehealth options for many years. We define telehealth broadly to include a variety of modalities beyond real-time video visits, including audio-only telephone visits, remote patient monitoring, interactive web chat, e-visits and other modalities. Rather than defining telehealth as a separate set of services or benefits, telehealth is a set of modalities through which patients may choose to receive covered health care services or benefits. We urge the MIA to adopt this lens through which to frame the network adequacy and telehealth discussion.

As occurred for many health systems, telehealth utilization within Kaiser Permanente increased significantly during the pandemic, allowing continuous access to high-quality care when it was not safe

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., one of the nation's largest not-for-profit health plans, 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.

to receive care in person. Our members rate their experience using video visits very highly, and our members who receive behavioral health services often prefer a telephone or video visit to due to its convenience relative to an in-person visit, reduced travel time and time away from work and family, and reduced barriers to care (e.g. lack of reliable transportation). For these reasons, we expect many members will continue choosing a telehealth option for their care, even once the pandemic ends. We believe this will be true for many patients across the country and, as in Maryland, many state legislatures have taken action to ensure that telehealth remains an available option going forward. Extending access to appropriate care via telehealth will also help optimize the use of limited health care resources and overall spending on health care in Maryland.

Importantly, telehealth options contribute to health equity. Underscored by our experience during the pandemic, offering telehealth options (including audio-only visits when clinically appropriate) helps to close the disparities in health care access in rural and under-resourced communities. To optimize the use of telehealth, we believe in-person visit requirements should be eliminated where appropriate, including for behavioral health, substance use disorders treatment, and prescribing controlled substances.

With all these considerations in mind, Kaiser Permanente strongly believes the availability of telehealth options should be factored into measurement of a plan's provider network adequacy, such as by relaxing time and distance standards for health plans that demonstrate strong access to primary and specialist care via telehealth. This approach takes into the account the increasing preference for many consumers to access services via telehealth and allows insurers to design networks and benefit plans that are responsive to this preference. We do not believe that there needs to be a quantitative way to account for member preference of telehealth vs. in-person care. Rather, the measure of access should be whether the member received the needed service through any modality elected by the member and determined appropriate by the clinician, whether received in-person or through a telehealth option.

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Thank you for consideration of our comments. We look forward to continued collaboration on this important work. If you need additional information or have questions, please contact Christopher West, Director, Government Relations at Christopher.E.West@kp.org.

Sincerely,

/s/

Stephanie Waszkiewicz
Director, Health Plan Compliance