



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

January 27, 2021

The Honorable Shane E. Pendergrass
Health and Government Operations Committee
House Office Building Room 240
6 Bladen Street
Annapolis, Maryland 21401

RE: HB 123 – Support with Amendments

Dear Chair Pendergrass and Members of the Committee:

Kaiser Permanente strongly supports HB 123, “Preserve Telehealth Access Act of 2021.” We also offer a couple of amendments for the Committee’s consideration.

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, we had about 85% of our appointments in person and about 15% virtual. When COVID hit, that shifted to nearly 90% virtual, and today we are providing approximately 50% of services through telehealth, about half of which are video visits and half are audio-only. Chart 1 below shows the how the proportion of telehealth and in-person visits has shifted over time.

At the same time we transformed from 85% in-person/15% virtual to 15% in-person/85% virtual, we experienced the largest single quarter increase and highest member satisfaction scores ever. We closely track member satisfaction, a metric that includes care experience and primary and specialty care access. Chart 2 below demonstrates this increase.

In response to the success of our telehealth offerings, Kaiser Permanente is launching a new affordable product that expands on more than seven years of experience in delivering convenient, member-centered, high-quality virtual care delivered by the region’s largest multi-specialty group of award-winning physicians. The new Virtual Forward products will allow Kaiser Permanente members to access unlimited virtual appointments with more than 1,000 primary

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.

care and specialists who work together in a coordinated system, in addition to accessing in-person options for a fee. This new option will fully cover annual health check-ups and screenings.

Kaiser Permanente supports SB 3 because it expands access to telehealth services. In particular, we support the changes that remove the originating site requirement and expand the types of providers eligible to provide telehealth services in the Medicaid program. We also strongly support the changes to the definitions of “telehealth” to include audio-only conversations. Additionally, we offer two amendments:

- **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; however, we’re happy to work with stakeholders toward a compromise on language.

On page 6, in line 25, strike the colon; in line 26, strike “(I)” and in line 27, strike “AND”; strike lines 28-30 in their entirety.

- **15-139(e).** This subsection prohibits an entity from imposing a condition on reimbursement of a telehealth service that the service was provided by a health care provider designated by the entity. We understand that one purpose of this language is to prevent a carrier from mandating that telehealth services be provided through a provider group that only provides telehealth services, which would mean that a patient couldn’t ever see their regular provider in a telehealth setting. We have worked with stakeholders on the revised clarifying language below.

On page 7, in line 13, after the second “A” insert “COVERED”; in line 15, strike “HEALTH CARE PROVIDER” and substitute “THIRD-PARTY TELEHEALTH VENDOR”.

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

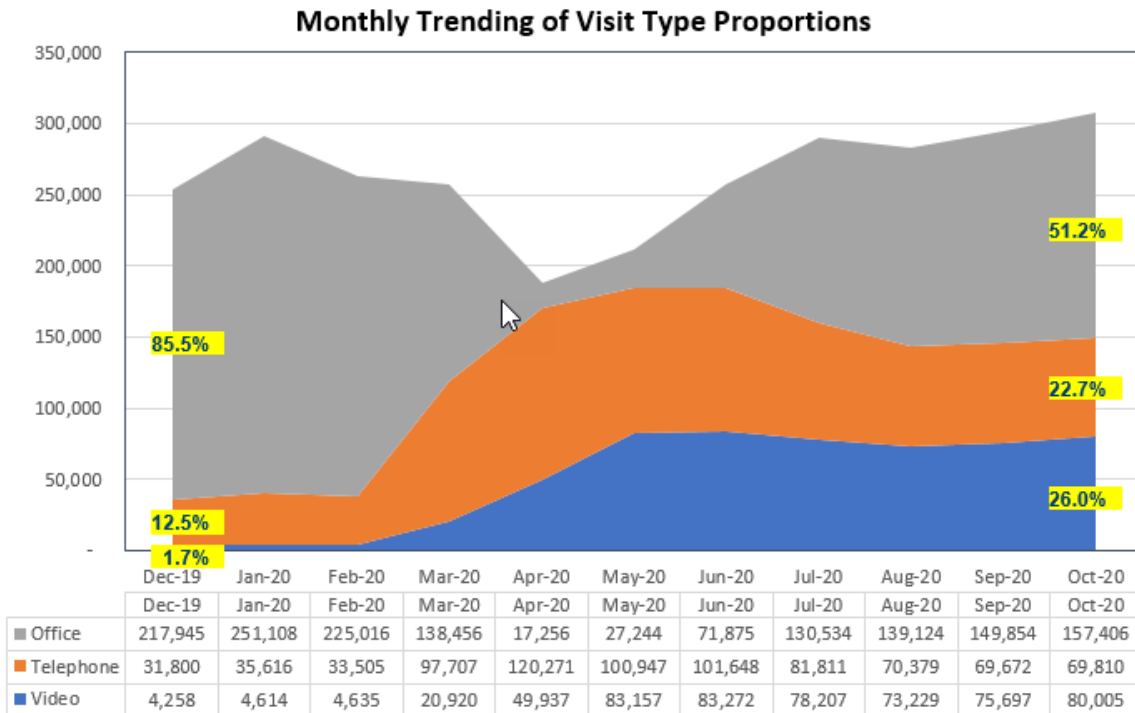


Chart 2: Member Satisfaction, 2017-Q3 2020

