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Andrew B. MacLean, JD, CEO | Dan Morin, Director of Communications & Government Affairs

TO: The Honorable Heather Sanborn, Chair
The Honorable Denise Tepler, Chair
Members, Committee on Health Coverage, Insurance and Financial Services

FM: Dan Morin, Director of Communications and Government Affairs

DATE: February 23, 2021

RE: **Support**
LD 1— An Act To Establish the COVID-19 Patient Bill of Rights

The Maine Medical Association is the state's largest professional physician organization representing more than 4300 physicians, residents, and medical students in Maine whose mission is to support Maine physicians, advance the quality of medicine in Maine and promote the health of all Maine residents.

The Maine Medical Association supports LD 1, An Act To Establish the COVID-19 Patient Bill of Rights and we thank the Senate President and House Speaker for their leadership in proposing the bill and prompting this discussion.

When the COVID-19 pandemic started in Maine, many outpatient physician practices saw the number of office visits either dramatically decline or drop completely between emergency order requests or fearful patients who did not want to risk potentially exposing themselves to the virus. Since then, Maine's physicians have heard from many patients, who are both uncertain and concerned about access to affordable testing and potential treatment.

COVID-19 has made the contrast between those with and without insurance coverage more apparent than ever. LD 1 takes steps to ensure that gaps in coverage do not create barriers to individuals receiving necessary testing and treatment by attempting to make sure residents do not face financial barriers to COVID-19 testing when they need it.

Some insured patients have faced unexpected out-of-pocket costs, and some uninsured patients have been left with unaffordable bills for COVID-19 treatment. These gaps may lead some people to also worry they could face unexpected out-of-pocket costs for immunizations. While making sure people trust that the vaccine is safe will be the highest priority, it will also be important to make sure that experiences with unexpected costs for COVID-19 testing or treatment do not deter people from getting vaccinated.

The bill also allows Mainers to get up to 180 days of their medication while avoiding visiting a doctor and potentially being exposed to virus germs. This also addressed the ongoing theme of making sure your vulnerable constituents, both young and old stay safe to the greatest extent possible, while having access to needed medications. This can also free up physicians to focus on providing critical medical services at this time. However, we want to draw attention to [our testimony](#) before this committee on [LD 178—An Act To Reduce Waste of Prescription Medications](#). You may recall, the testimony included comments from a group of pediatric gastroenterologists that cares for hundreds of children with inflammatory bowel disease requiring lifelong immune suppression to keep symptoms at bay. Medical formulas for inborn errors of metabolism are also needed for life from the moment of diagnosis. Although surely not the intent of the bill sponsors, we would not want the bill to unintentionally limit all prescriptions to 180 days.

Although Maine's physicians gladly heeded recommendations from Governor Mills to postpone elective surgeries and non-emergent procedures, it was critical that medical providers stay in contact with their patients should an emergent situation develop, especially for chronic care, vulnerable, and high-risk patients. Telehealth barriers that may have taken years to remove, instead happened in weeks—if not days.

Despite the advantages of telehealth, MMA members are eager to see as many patients as possible back in the exam room. However, patients for whom telemedicine is appropriate can receive care from their homes to keep them safe, slow community spread of a pandemic virus, and help alleviate the severe business impact many physician practices faced early in the pandemic. Many of Maine's older patients are not always comfortable attending a video visit, do not have a computer,

let alone one with a webcam, or do not have a smartphone. Many of Maine's physician hear from patients who have difficulties with technological knowledge. It is sometimes more stressful than helpful for them. Covering audio-only telemedicine visits provides a lifeline to vulnerable, and hard to reach populations who may struggle or are prevented from receiving in-person care. But in the long-term, MMA members fully recognizes that phone-only telemedicine has limitations.

Finally, we also want to thank the Mills administration and bill sponsors for working together to include language that would allow a clinician in charge to delegate authority to administer the COVID-19 vaccine to employees, staff, agents, or volunteers—subject to appropriate training. Importantly, there seems to be nothing in the proposed amendment that compels any site to pursue this expanded option or change any current allowable delegation practice but clears barriers for some sites.

Thank you for allowing us to provide our comments in support of the amended draft.

Dan Morin
Gorham

MMA Testimony in Support--Technical difficulties prohibited me from getting my testimony in earlier or provide it in person.