

**LD 1352 - To Facilitate the Delivery of Health Care Services  
through Telemedicine and Telehealth**

**Resolve**

**Emergency preamble.** Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** given Maine's rural character and population demographics, health care services delivered via telemedicine and telehealth are critical to promote the health of all Maine citizens, especially elders who desire to "age in place," homebound individuals and those receiving behavioral health services;

**Whereas,** the cost of health care continues to spiral upward and outpaces the resources available to provide health care services;

**Whereas,** technological innovations provide opportunities to deliver needed health care services using broadband and modern communication's systems; and

**Whereas,** health care providers with specialized experience may not be located within reasonable driving distances from patients' locations; therefore, be it Resolved

**Sec. 1.** That the ConnectME Authority, in consultation with the Office of MaineCare Services under the Department of Health and Human Services, the Maine Hospital Association, and other interested parties will conduct a *short survey* of interested hospitals and health care facilities licensed by the State about their telehealth and telemedicine facilities and capabilities. The goal of this survey is to determine how the State, the private sector and the non-profit sector can further facilitate and improve the use of broadband technology to deliver health care services;

**Sec. 2.** That the ConnectME Authority, working in collaboration with the Office of MaineCare Services under Department of Health and Human Services, using the results of the 2014 'Building Broadband Capacity Taskforce', and employing the information gathered from the survey (Sec. 1 above) will update the ConnectME Authority's *Strategic Plan* to facilitate communication about the technology infrastructure needed to support the delivery of health care services through telemedicine and telehealth and report on the results;

**Sec. 3.** That the ConnectME Authority, building on the work of and in collaboration with MaineCare Services (which already recognizes the opportunities, efficiencies, and improved quality of care that telemedicine and telehealth may bring to Maine citizens), will continue efforts to *increase telemedicine* and telehealth services delivered remotely to patient's homes, where feasible, and to report on the results;

**Sec. 4.** That the ConnectME Authority will assist interested health care providers with their application to the Federal Communications Commission (including the HealthCare Connect Fund) for *funding* from the Commission's Universal Service Fund to improve the quality of health care available to patients in rural communities. The goal is to ensure access to telecommunications and broadband service for use in the delivery of health care services through telemedicine and telehealth, and report on the results.

**Sec. 5.** That the Department of Health and Human Services examine the feasibility of including a requirement that newly constructed residential long-term care facilities (in order to obtain licensing) must include *space* designated to accommodate residents receiving health care delivery through telemedicine and telehealth. The Department will report on the results;

**Sec. 6 Report. Resolved:** That, no later than *November 15, 2015*, the ConnectME Authority (for Sections 1 through 4) and the Department of Health and Human Services (for Section 5) shall submit reports that include *findings and recommendations*, including suggested legislation, for presentation to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee on Energy, Utilities, and Technology. After receipt and review of the reports, the Joint Standing Committee on Health the Human Services and the Joint Standing Committee on Energy, Utilities, and Technology may report out a bill or bills to the Second Regular Session of the 127<sup>th</sup> Legislature.

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.

### SUMMARY

This resolve:

1. Directs the ConnectME Authority and the DHHS to work collaboratively to conduct a short *survey* of the capability and use of telemedicine and telehealth by interested Maine hospitals and other health care facilities. They will use this information as well as that from the recently completed report on increasing the use of broadband to continue efforts to improve and increase the use of telemedicine and telehealth in providing needed health care services for Maine citizens. The survey must also solicit ideas from health care providers on ways in which all parties can work together to *improve collaboration* and provide incentives for the use of broadband to deliver health care services.
2. Directs the Department of Health and Human Services to determine whether the licensing of newly constructed long term care facilities should include *space* designated for telehealth and telemedicine services.
3. Directs the ConnectME Authority and the Department of Health and Human Services to *report* on the results of their efforts to the Joint Standing Committee on Health and Human Services and the Joint Standing Committee Energy, Utilities, and Technology by November 15, 2015.

Senator Geoff Gratwick

May 7, 2015

*127th Legislature*  
*Senate of*  
*Maine*  
*Senate District 9*

*Senator Geoffrey M. Gratwick*  
*3 State House Station*  
*Augusta, ME 04333-0003*  
*(207) 287-1515*

Testimony of Senator Geoff Gratwick presenting LD 1352, "Resolve To Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth"  
Health and Human Services Committee  
May 7, 2015

Good afternoon, Senator Brakey, Representative Gattine and members of the Health and Human Services Committee. I first submitted LD 1352 to the Revisor's Office January 15 and have rewritten it at least three times since. The bill was initially designed as a comprehensive overview of telemedicine; elements of the bill dealt with health care (appropriate to HHS) and technology (appropriate to EUT). It has changed because other pending legislation and rules now deal with significant parts of telemedicine and broadband. DHHS will be releasing updated rules on telemedicine in 2-4 weeks and there are 30 plus broadband bills before EUT - with the possibility of an omnibus bill in the works.

**LD 1352 is now presented as a Resolve.**

**Background:** Telemedicine, telehealth, telemonitoring are no longer the wave of the future - they are here. Maine was once a leader but is now falling behind. The initiative is now passing to Boston, Dartmouth and elsewhere.

**Benefits:** allows medical care at a distance

- For patients - The elderly, disabled, geographically remote, those 'aging in place', those needing close medical supervision; saves time - (time away from work, travel time), access to expertise; finances; weather
- For providers - (doctors, nurses, home health providers) - saves time and money; efficiency; expertise
  - Telepsych

- Teledermatology
- Teleexpertise – ICS, NICUs, Trauma, specialty care
- Telemonitoring – Diabetes, Blood pressure, medication

#### Problems

- Expensive start up; reimbursement issues; equipment; standardized protocols; 'originating site, receiving site', et al
- Requires education of patient, providers and payers; all are resistant to change
- Technology requirements; high speed broadband (25/25 symmetrical); ConnectME

#### Three patient stories:

- 1.) 15 minute Bangor follow-up visit for a patient with severe vasculitis from Aroostook
- 2.) Consulting with a dermatology specialist at Mary Hitchcock/Dartmouth for a patient with cutaneous lupus; history and biopsy sent before hand
- 3.) Psych patients at Acadia –ERs, adolescents

#### **Description of LD 1352 - A Resolve**



STATE OF MAINE  
CONNECTME AUTHORITY  
3<sup>RD</sup> FLR. CROSS STATE OFFICE BUILDING  
78 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0078

JEAN WILSON  
CHAIR

GREG McNEAL  
DICK THOMPSON  
RALPH JOHNSON  
ANDREW S. HAGLER  
AUTHORITY MEMBERS

**TESTIMONY of Richard Thompson  
Chief Information Officer, University of Maine System  
Member, Connect Maine Authority**

***LD 1352 – An Act to Facilitate the Delivery of Health Care Services through  
Telemedicine and Telehealth.***

**COMMITTEE ON HEALTH AND HUMAN SERVICES  
May 7, 2015**

Senator Eric Brakey, Representative Andrew Gattine, and members of the Committee on Health and Human Services, I am Richard Thompson, CIO of the University of Maine System and a member of the ConnectME Authority, and I am pleased to speak on behalf of the Authority in support of LD 1352 – *An Act to Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth*, which now understand will be a Resolve.

The provisions of this resolve complement other efforts the ConnectME Authority is undertaking to promote the use of broadband services in rural areas, including the provision of health care services. The ConnectME Authority has heard from Maine citizens who contend that with the rural nature of Maine and an elder population who want to “age in place,” telehealth and telemedicine promote opportunities for Maine families to remain together at home rather than being placed in high-cost long-term care facilities.

The tasks asked of the ConnectME Authority under this resolve can be accomplished with existing resources. We have partnered with the Office of MaineCare Services for other Health Information Technology (HIT) initiatives and would look forward to continuing that partnership.

Thank you for the opportunity to speak. The Executive Director, Phil Lindley and I will be available at the work session to assist with any discussion or proposed modifications that may be considered. I would be happy to answer any questions you may have.

**Richard Thompson  
Chief Information Officer, University of Maine System  
Member, Connect Maine Authority**

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EXECUTIVE DIRECTOR

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**LD 1352 "An Act to Facilitate the Delivery of Health Care Services through  
Telemedicine and Telehealth"**

**Testimony Provided by: Lisa Harvey-McPherson RN, MBA, MPPM**

**May 7, 2015**

**EMHS MEMBERS**

Acadia Hospital  
Affiliated  
Beacon Health  
Blue Hill Memorial Hospital  
Charles A. Dean  
Memorial Hospital  
Eastern Maine HomeCare  
Eastern Maine Medical Center  
EMHS Foundation  
Inland Hospital  
Meroy  
Rosscare  
Sebasticook Valley Health  
TAMC

Senator Brakey, Representative Gattine and members of the Health & Human Services Committee I am here today on behalf of EMHS members and we thank Senator Gratwick for sponsoring this bill.

EMHS members serve as state and national leaders in the provision of telemedicine and telehealth services. At Eastern Maine Medical Center we provide telemedicine services for emergency medicine, pediatrics and cardiology. At Acadia Hospital we provide telepsychiatry services serving patients across two-thirds of Maine's geography. Additionally, our home care programs provide telehealth services to over 100 patients each day providing real time intervention for chronic disease management which has significantly reduced emergency room utilization and hospitalization rates.

There are many pieces to this bill; my testimony will address various sections.

Section one, item two of the bill requires that each hospital in Maine include in their strategic plan the delivery of healthcare services through telemedicine or telehealth and we oppose this section of the bill. Strategic planning is an intensive process including national, state and regional environmental scanning, aligning analysis of trends with the health of our communities and citizens to prioritize direction and delivery of healthcare services for all EMHS members. Clearly EMHS members are committed to advancing technology as we have built out the telemedicine, telepsychiatry and home care telehealth infrastructure for most of the State of Maine. We simply oppose the proposed overreach of government to legislate strategic planning priorities for private organizations.

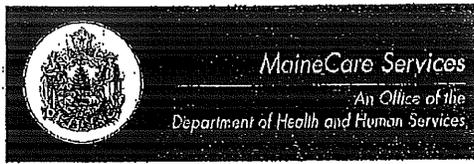
Sections two, three and four of the bill address challenges with MaineCare coverage for telemedicine. We thank the sponsor for raising the need to modernize MaineCare coverage of this service, in fact last session this committee directed DHHS to work with interested parties to review and modernize the MaineCare telemedicine benefit. The group began meeting in June of 2014 and accomplished this goal. We want to thank DHHS for active and positive engagement with this project; unfortunately, I cannot explain why the revised rules have not been published for public comment and final adoption. It would be helpful for all of us to know when the rule will be published and, if published soon, the committee would have the opportunity to work on this bill to evaluate the proposed changes and revise it, if needed.

Sections five through eight, ten and eleven focus on The Connect Maine Authority. We certainly support expanding the communications technology infrastructure; we are not experts on The Connect Maine Authority and look to their representatives for comment.

Section nine of the bill directs DHHS to adopt rules for newly constructed residential and long term care facilities to include space design to accommodate telemedicine. Recently, EMHS successfully implemented a MEHAF funded behavioral health integrated grant that included telepsychiatry services from Acadia Hospital. In our experience the issue is not space design, the issue is lack of funding resources to purchase the telemedicine equipment kept at the nursing facility and the lack of reimbursement for the geriatric telepsychiatry service once the grant funding ceased.

Section twelve of the bill proposes to create a task force to develop statewide standards on telemedicine use to ensure higher quality medical care at a lower cost. Based on our extensive experience with telemedicine and telehealth we know the standards exist, the challenge is financing the purchase of telemedicine and telehealth equipment and reimbursement for these services. We would be glad to participate with a workgroup at some future date to review the effectiveness of the revised MaineCare rules (once implemented) and make recommendation regarding continued state and federal funding challenges and recommendation on further innovation for the use of this technology.

Thank you for the opportunity to comment on this bill.



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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MaineCare Services  
11 State House Station  
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May 7, 2015

Senator Eric Brakey, Co-Chair  
Representative Andrew Gattine, Co-Chair  
Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

Senator Brakey, Representative Gattine, and Members of the Joint Standing Committee on Health and Human Services:

This letter is to provide information regarding LD 1352, An Act To Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth.

MaineCare policy currently allows a limited group of providers to provide services remotely to patients through the use of telehealth, which can be defined as "the use of electronic communication by a health care provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment." In order to provide MaineCare reimbursable telehealth services, a provider is required to submit documentation showing that a physical, social or geographic limitation exists that prevents the provider from delivering a MaineCare covered service to a particular member in a face to face encounter.

In practice, both staff and providers have found the current policy limiting. Providers have found it difficult to obtain approval for telehealth in some cases, and staff has found it challenging to implement a consistent system of review, as the parameters for approval are not clear in policy. In addition, in both policy and practice, the MaineCare telehealth policy falls short of best practices for telehealth implementation.

In response to these challenges, LD 1596 was passed in spring of 2014. This LD directed the Department to "convene a working group to review the MaineCare rules regarding the definition of telehealth and the technologies used for provider patient interaction involving MaineCare patients" and to make according changes to MaineCare policy.

MaineCare convened a workgroup consisting of providers, stakeholders, advocates, and lawmakers. The group met several times over late spring and summer 2014, and a draft policy was developed. This draft combined stakeholder recommendations with industry best practices. The major components of the policy are as follows:

1. Removes the prior approval process for use of telehealth;
2. Allows for telehealth for all medically necessary services that can be delivered remotely at comparable quality;
3. Provides for an "originating site fee" to be paid to the site housing the patient, while with remote, or provider site, bills for the services rendered;
4. Requires visual/audio, or, if video/audio is not available, audio only communication;
5. Requires providers to use secure, HIPAA compliant equipment;
6. Requires member choice, written informed consent, and member education

In addition to real time telehealth communications, the policy also provides for a new service known as telemonitoring. Telemonitoring delivers electronic communication between a Member and healthcare provider, and has shown to result in cost savings through avoidance of hospital admissions. The policy as drafted allows only home health agencies to deliver this service. In order for a member to be eligible, he/she must have had two or more hospitalizations or emergency room visits related to their diagnosis in the past calendar year or have continuously received telemonitoring services during the past calendar year and have a continuing need for such services.

A final draft of the policy is now complete, has been reviewed by the Attorney General's Office, and has had rates set. The rule will be proposed this week and then open for public comment.

Lastly, I would like to relay information from the Bureau of Insurance. They note that Section 4 of this bill proposes to enact a new provision within Title 24-A, the Insurance Code. It appears to allocate facility fee costs among various providers in the medical community. The Bureau of Insurance feels this has nothing to do with insurance and is misplaced in Title 24-A. They wonder if you intended Title 22.

Sincerely,



Stefanie Nadeau, Director  
MaineCare Services

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## TELECOMMUNICATIONS ASSOCIATION OF MAINE

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Benjamin M. Sanborn

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May 7, 2015

Senator Eric Brakey, Senate Chair  
Representative Andrew Gattine, House Chair  
Members of the Committee on Health and Human Services  
127<sup>th</sup> Maine Legislature  
100 State House Station  
Augusta, ME 04333

**Re: LD 1352, An Act To Facilitate the Delivery of Health Care Services through  
Telemedicine and Telehealth**

The Telecommunications Association of Maine (TAM) offers the following comments **NEITHER FOR NOR AGAINST** to LD 1352, "An Act To Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth".

TAM does not have an opinion regarding the portions of this legislation that relate to either Title 22 or Title 24-A of the Maine Revised Statutes, however TAM is concerned that the provisions of this bill that seek to amend portions of Title 35-A are misplaced and should not be before this committee. This session there has been significant interest in issues pertaining to broadband services and the manner in which ConnectME addresses these matters. The Energy, Utilities and Technology committee has already heard numerous bills on this matter, including LD 1063, a bipartisan bill co-sponsored by Rep. Sara Gideon and Sen. Garrett Mason, which would substantially amend the entire manner in which the ConnectME Authority is operated. To the extent that telemedicine should be included in the discussions regarding broadband in Maine, those discussions should be held before the committee of jurisdiction on this matter, specifically the Joint Standing Committee on Energy, Utilities and Technology (EUT Committee). Indeed, this bill recognizes this fact by directing, in Section 11 of the legislation, that a Strategic Plan be developed and then delivered to the EUT Committee, not the Health and Human Services Committee.

The issues associated with broadband are complex, and some of the proposals in this legislation would do direct and immediate harm to last mile buildout of service to residents of the State. Ironically, the language of this legislation would shift money away from providing broadband service to elderly and infirm individuals in rural Maine who are attempting to age in place, thereby significantly undermining the ability to provide telehealth benefits to these customers in direct opposition to the goal of this bill. Moreover, many of the provisions of this bill would directly conflict with legislation currently under consideration in the EUT Committee. To the extent this committee feels it would be appropriate to communicate with members of the EUT Committee to ensure they consider telehealth needs as they work on ConnectME and broadband issues, that would certainly be appropriate. It would not, however, be appropriate to seek to amend language regarding ConnectME or broadband policy in the State in a Title of law outside the scope of jurisdiction of this committee through this legislation.

Accordingly, if this committee does move forward with this legislation, TAM would urge the committee to strike Sections 5, 6, 7, 8, 10 and 11 of this legislation, those portions of the

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legislation that deal with ConnectME and broadband issues, to avoid doing unintentional harm to programs that are outside of the jurisdictional scope of this committee.

Sincerely,

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

Benjamin M. Sanborn, Esq.  
Telecommunications Association of Maine



*Department of  
The Secretary of State*

*Matthew Dunlap  
Secretary of State*

May 7, 2015

**Testimony of Peggy Schaffer  
Secretary of State's Office of  
Small Business Advocate**

**In Support of**

**LD 1352: An Act To Facilitate the Delivery of Health Care through Telemedicine and  
Telehealth**

Senator Brakey, Representative Gattine and members of the Health and Human Services Committee, I am Peggy Schaffer, I reside in Vassalboro and current serve as the small business advocate in the Secretary of State's Office. This office was created to advocate on behalf of small businesses on regulatory and other statutory barriers. Today, I am also speaking on behalf of the Maine Broadband Coalition testifying in support of LD 1352.

The Maine Broadband Coalition (MBC) is a newly formed informal coalition of public policy professionals, educational institutions, businesses, non-profit organizations, towns and individuals from across the state who care deeply about Maine's economic future. It is not a membership organization and it does not fundraise.

The Maine Broadband Coalition is focused on improving the quality of Maine's subpar Internet infrastructure. This is not only an issue for the rural regions, but the State as a whole. Maine is consistently ranked as having some of the worst broadband speeds and adoption rates in the country. On a global scale, our State's Internet quality pales in comparison to countries like the Ukraine, Lithuania, and Macao.<sup>1</sup> Unfortunately, this problem is going to continue to get worse as states and countries around us continue to develop broadband capacity at a faster rate.

MBC participants believe that improvements to Maine's Internet infrastructure can enhance the State's economic prospects and improve the quality of life for all of Maine's residents. In addition, MBC participants believe that the discovery and widespread adoption of valued uses for an enhanced infrastructure can enable and justify increased investments in that infrastructure. LD 1352 proposes a plan that would promote the efficient provision of health care throughout Maine by the use of enhanced electronic and telecommunications technologies. It envisions a program that can potentially lower the cost of health care while at the same time allowing Maine residents to receive high quality services more conveniently and satisfactorily. Encouragement of this valuable use of available infrastructure is precisely the sort of public policy that can drive additional investment in communications facilities and provide substantial benefits to the Maine economy and enhancements to our way of life.

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<sup>1</sup> <http://www.washingtonpost.com/blogs/govbeat/wp/2015/03/25/map-the-state-of-broadband-in-the-states/>

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This Committee is undoubtedly aware that there are a number of bills pending before the 127<sup>th</sup> Legislature relating to Internet infrastructure and the provision of Broadband services. Portions of some of those bills would interact with the provisions of LD 1352. For example, LD 1063, now before the Energy, Utilities and Technology Committee, would make substantial changes to the enabling statute for the ConnectME Authority (35-A MRSA § 9201 and following sections) in ways that would have to be coordinated with changes proposed in LD 1352. Likewise, this bill proposes the repeal of the Broadband Sustainability Fee, a tax imposed solely on users of Maine's new fiber optic communications backbone, the so-called Three Ring Binder. Repeal of that tax has been advocated by many who view it as anti-competitive and harmful to the development of advanced communications infrastructure in Maine. A similar proposal, LD 465, is before the Energy, Utilities and Technology Committee in a somewhat different form that would need to be reconciled with the repeal of 35-A MRSA § 9216 included in this bill.

Participants in the MBC are willing to work with this Committee in order to share their knowledge of the current state of Internet infrastructure in Maine and the sorts of enhancements that will be necessary in the future if we are to realize the full benefits of modern communications technologies. They also can make themselves available if they can be of assistance in reconciling the provisions of LD 1352 with other provisions pending before the 127<sup>th</sup> Legislature.

Allan S. Teel MD

May 7, 2015

My name is Dr Allan Teel and I am a family physician from Damariscotta here to testify on behalf of LD 1352: An Act to Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth. A key focus of mine for more than 20 years has been at-home elder care. From founding a network of 7 home-like assisted living dwellings in Lincoln County to creating a web-based video-monitoring business called Full Circle America to actively using telemedicine to improve access to specialty care and even pilot at-home virtual house calls.

Telemedicine. Telecare. Telehealth. Telepresence. Telemonitoring. Mhealth. Definitions vary. At-home video access and web-based devices that can send data from video-calling, video-conferencing, video-monitoring, virtual house-calls using a variety of devices by DSL, cellular, broadband, wifi, voip, z-wave, zigbee, bluetooth and probably 10 other modalities barely imagined hold great potential to help an aging population enjoy better quality of life and better health-care at a much lower cost. They can get easier access to healthcare, stay connected to peers, family, friends, and community, and live purposeful lives even as vision, hearing, balance, mobility, and cognition with chronic diseases cause decline. We must not stifle development in elder space by demanding narrowly defined goals and insist on fully-proven outcomes before promoting innovation.

Elders are too poor for many options because most have outlived their considerable savings. 15% live on <\$10K/year, 30% on \$10-20K/year, and 50% have less than \$10K in total assets while assisted living costs >\$60K/year, nursing homes >100K/year, and at-home care >150K/year. For those >65, hospitals get \$2500/ emergency room visit, \$12K/ hospitalization, and close to \$15K for a rehab stay, adding up to >\$50K per person per year for high utilizers while most struggle under the radar. Health care outcomes are increasingly determined by non-medical factors: food, transportation, loneliness, and being sedentary. Most take meds wrong and caregivers aren't accessible to each other. Meanwhile each community has lots of uncoordinated assets and caring people wanting to help.

It is not about business as usual doing things that aren't working more efficiently, and trying to cut up front costs only to have these individuals bankrupt on state assistance costing \$50-100K/ person/year. Virtual at-home assisted living like my Full Circle America has been refining and delivering for almost a decade can provide robust support for \$200/month rather than \$200/day. A virtual house-call can be done for \$60 rather than an ED visit for \$2500. A hospital-at home and coordinated high tech and high touch home support can save 40% of hospital stays and rehab days. Addressing chronic care with home support from traditional and non-traditional community health workers has been shown to save 40% by knocking on the door and using a tablet to keep in touch with fragile people through regular contact, not just when they're first home from the hospital.

Grassroots efforts can produce some profound solutions if leadership can encourage their development. Money and power will lobby to continue versions of the same old ways. There is enough need and money to go around if we encourage innovation and promote many small efforts and let Maine be an incubator for better elder care. The solutions must be people-based, home-based, community-based, and a blend of caring and technology, not institutional. This will be a growth industry for 40-50 years for the whole state if we can be bold enough to seize the initiative.

Testimony of FairPoint Communications

Before the Joint Standing Committee on Health and Human Services

LD 1352, An Act To Facilitate the Delivery of Health Care Services through Telemedicine and Telehealth

May 7, 2015

Good afternoon, Chairman Brakey, Chairman Gattine, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is RoJean Tulk. I live in New Gloucester, Maine. I am Director of Government Relations for FairPoint Communications. On behalf of FairPoint, I'm here today to offer the following comments in opposition to LD 1352:

LD 1352 proposes to expand the availability of telemedicine and telehealth services in a variety of ways, including making significant changes to the state's broadband program known as the ConnectME Authority. As one of the state's primary providers of broadband, FairPoint Communications is here today to comment on the parts of LD 1352 that propose changes to the ConnectME Authority as recorded in Maine's public utilities statute, Title 35-A MRSA.

FairPoint is a broadband company. In 2008, when FairPoint acquired Verizon's service territories in Maine, New Hampshire, and Vermont, the company's primary goal was to upgrade the telecommunications systems we purchased by building a fiber network capable of providing the advanced telecommunications products and services needed for life in the 21<sup>st</sup> Century. Included in that was providing a network well able to accommodate telemedicine and telehealth applications.

For example, FairPoint currently provides advanced telecommunications services to the New England Telehealth Consortium (NETC). Based in Bangor, Maine, NETC is a federally funded consortium of healthcare providers whose mandate is to create a shared network among rural and urban healthcare facilities across the region. NETC works with FairPoint to link hundreds of healthcare facilities in Maine, New Hampshire and Vermont. When connected to the NETC network, healthcare providers are able to deliver remote trauma consultation and expansive telemedicine by linking primarily rural health care facilities -- including hospitals, behavioral health sites, and community health care centers - to urban hospitals and health clinics throughout New England. As NETC's telecommunications provider, FairPoint has firsthand knowledge of how important these types of services have become, especially in a

rural state like Maine where physical travel to obtain medical services can be particularly challenging.

Concerning LD 1352, FairPoint takes no position on those portions of the bill relating to the telemedicine and telehealth industry that appear outside of Title 35-A MRSA. With respect to the bill's proposed changes in Title 35-A Chapter 93, Advanced Technology Infrastructure, we take issue with the proposal to eliminate the requirement that ConnectME grants be solely awarded to telecommunications providers who pay into the ConnectME fund. This proposal is patently unfair and ill advised. The telecommunications providers who pay into the ConnectME fund *should* receive the benefits of ConnectME broadband deployment grants. A consequence of this exclusion could result in eliminating the telecommunications providers who are most qualified to build out the state's broadband infrastructure. Additionally, other portions of LD 1352 relating to Title 35-A Chapter 93 are unclear, and in some cases, confusing.

We respectfully suggest that the Health and Human Services Committee is not the appropriate Legislative Committee to deal with the issues in LD 1352 that relate to Title 35-A. Instead, these portions of the bill are more appropriately addressed by the Joint Standing Committee on Energy, Utilities and Technology. In fact, the EUT Committee is currently addressing several bills that propose a variety of changes to Title 35-A Chapter 93 including most, if not all, of the ConnectME Authority proposals listed in LD 1352.

Therefore, we urge you to strike all proposals regarding Title 35A from LD 1352 and allow the EUT Committee to make its recommendations on these matters to the full Legislature. Thank you for the opportunity to testify on LD 1352. We're happy to answer questions now and will be available at the work session.