Written Comments Submitted by Stakeholders October 3, 2017

- IMPOWER, Behavioral Health Providers
- Florida Association of Health Plans
- The ERISA Industry Company
Prescribing and Telehealth Written Testimony

From: Baznik, Anna [mailto:ABaznik@impowerfl.org]
Sent: Tuesday, October 3, 2017 4:08 PM
To: King, Pamela <Pamela.King@ahca.myflorida.com>; Helvey, Nikole <Nikole.Helvey@ahca.myflorida.com>
Subject: FW: OK? I will have one more chance to have input

See thoughts on some of the wordsmithing from today. I tried to take a screenshot. I hope this helps. Will next meeting be in Tally? Have a great week!

Anna M. Baznik | President/CEO

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From: Tony Iannacio [mailto:aiannacio@bgrplaw.com]
Sent: Tuesday, October 3, 2017 3:28 PM
To: Baznik, Anna <ABaznik@impowerfl.org>
Subject: RE: OK? I will have one more chance to have input

As for the first paragraph, I would prefer that the words “when specified standards are met” be deleted from the last sentence or end the sentence at “relationship” and delete “when specified standards are met, for the purpose of prescribing controlled substances.”

As for the second paragraph, I can live with “limitations” but I would prefer to use “guidance” or “parameters” or “conditions”. They are more neutral terms than “limitations”.

Anthony M. Iannacio | Bush Graziano Rice & Platter, P.A.
P.O. Box 3423
100 S. Ashley Drive, Suite 1400
From: Baznik, Anna [mailto:ABaznik@impowerfl.org]
Sent: Tuesday, October 3, 2017 2:02 PM
To: Tony Iannacio <aiannacio@bgrplaw.com>
Cc: Baznik, Anna <ABaznik@impowerfl.org>
Subject: OK? I will have one more chance to have input
October 3, 2017

Justin Senior, Secretary  
Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, Florida  32308

Re: Comments to Draft Telehealth Advisory Council Report

Dear Secretary Senior,

I am submitting these comments on behalf of the Florida Association of Health Plans (FAHP) and its member plans, in response to the Telehealth Advisory Council’s draft Report of Recommendations published on September 18th. FAHP and its member plans support increased access to high quality, affordable healthcare and we believe telehealth technologies help further this purpose. However, we believe that any recommendation of payment parity would have the opposite effect upon the delivery of healthcare services.

The current draft report recommends:

“The council recommends that the Florida Legislature require Florida licensed health insurance plans (excluding Medicare Plans) to offer reimbursement for covered health care services provided via telehealth. The intent of this recommendation is to ensure appropriate insurance reimbursement for the use of telehealth in treating patients. Any legislative language developed should not require insurers to add additional service lines or specialties, mandate fee-for-service arrangements, inhibit value based payment programs, or limit healthcare insurers and practitioners from negotiating contractual coverage terms”

As written, this recommendation does not appear to advocate payment parity and FAHP supports this interpretation for reasons already recognized in the draft report. These reasons include a chilling effect upon competition, a lack of recognition that the method by which a healthcare service is delivered may have an impact on the cost structure, and a departure from value based contracting.

We believe that clarifying language should be added to the report to make it clear that payment parity is not a recommendation of the council. FAHP and its member plans support the work of this council and look forward to being a valuable resource. Please let me know if you have any questions.

Sincerely,

Audrey Brown  
President & C.E.O
October 2, 2017

Agency for Health Care Administration
Telehealth Advisory Council
2727 Mahan Drive
Tallahassee, FL 32308

Re: Telehealth Advisory Council Report Review

Sent via email to: telehealth@ahca.myflorida.com

To Whom It May Concern:

Thank you for accepting comments from interested stakeholders as you develop telehealth rules in Florida. As the only national trade association advocating solely for the employee benefit and compensation interests of America’s largest employers, The ERISA Industry Committee (ERIC) speaks in one voice for large employers on public policy issues relating to employee benefits, including telehealth. ERIC is pleased to contribute to the Agency’s review of the Telehealth Council’s Advisory Report on behalf of our members, large health care payors, on this critically important issue.

ERIC encourages allowing the patient-provider relationship to be established via telehealth and applying the same standard of care to its practice as that of in-person care. Additionally, we like to see the adoption of technology-neutral requirements so that the service can be more readily available to the public. We also advise avoiding the imposition of additional requirements on telehealth services that are not imposed on in-person visits, as well as originating site restrictions that require patients to visit certain locations in order to access telehealth services. Allowing patients to receive care when and how they need it is one of the greatest benefits of telehealth.

ERIC applauds several of the Telehealth Council’s recommendations. Specifically, the Council’s suggested definition of telehealth is broad enough to incorporate many of the goals we have for telehealth laws and regulations. We also appreciate that the Council advises the Agency to incorporate the same standard of care for telehealth services as for in-person care and to allow the patient-provider relationship to be established via telehealth. Furthermore, the Council suggests allowing prescriptions to be issued using telehealth (with certain exceptions), and this will allow more patients to conveniently receive the care they need.

In regards to health insurance coverage and reimbursement of telehealth, the Council suggests that the state legislature adopt a law that would require health insurance plans in the state to cover telehealth services if coverage is available for the same service if provided in-person. We understand the need to
provide consistent reimbursement rules so that providers are encouraged to offer telehealth services, but we would like to see clarity in any reimbursement rule that it is not creating a mandate for plan sponsors to offer telehealth services to their employees.

The Telehealth Council also addressed interstate practice among health providers. A great value of telehealth is that it can provide much needed health care practitioners to areas that suffer from shortages; however, those providers may be located in a different state and would need to be licensed in Florida in order to provide care to a Florida resident. The Council advised state participation in a licensure compact, and we fully support that concept. Compacts, such as the Interstate Medical Licensure Compact and the Enhanced Nurse Licensure Compact, make it easier for health care professionals to obtain practicing privileges in participating states.

ERIC respects and supports the role of the Agency in protecting the health, safety, and welfare of the people of the State of Florida, with the goal of ensuring that the highest quality of care is provided in the state. We believe that the recommendations provided by the Telehealth Advisory Council are a positive step towards increasing needed access to care for the people of Florida, and that those recommendations could be enhanced if modified to address the concerns stated above.

Thank you for considering large employers’ interests as you create your telehealth rules. ERIC is pleased to represent large employers with the goal of ensuring telehealth benefits are accessible for millions of workers, retirees, and their families. We welcome additional questions and opportunities to contribute to your rulemaking process.

Sincerely,

Adam Greathouse
Associate, Health Policy