

# 2021 SESSION RECAP

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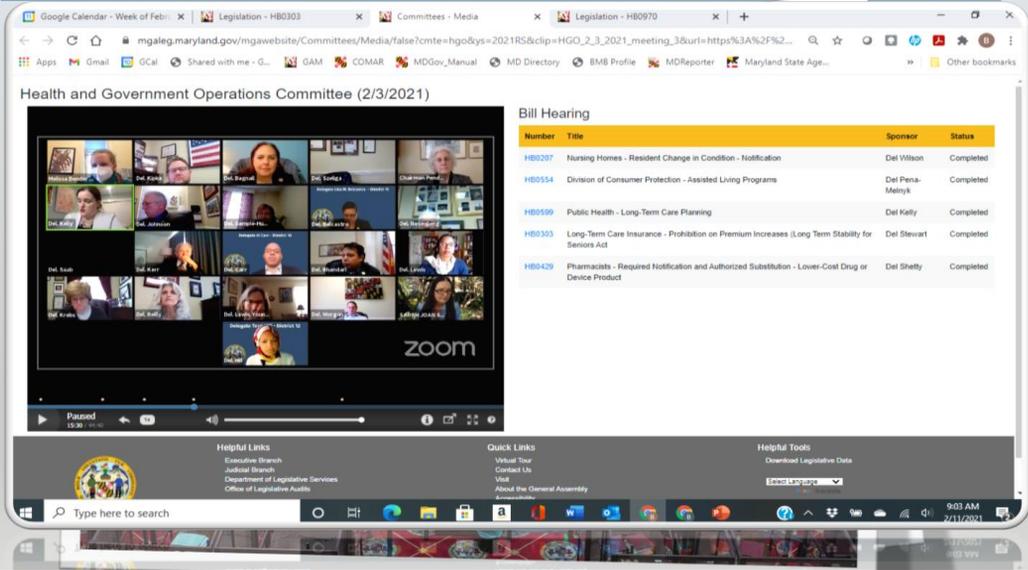
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## 90 Day Session – The Online Session

- The Legislature adjourned Sine Die at midnight on Monday, April 12<sup>th</sup>.
- The Maryland General Assembly operated in an online environment from January 13<sup>th</sup> through April 12<sup>th</sup>.
- The legislative buildings were closed to the public to prevent possible spread and transmission of COVID-19. All Committee hearings and voting sessions were streamed live on YouTube.
- Senate and House floor sessions were streamed online through the General Assembly website. Testimony and direct advocacy shifted online through a combination of communication apps such as Zoom, Microsoft Teams, Google Meets, WebEx, etc.

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# The 2021 Session Virtual Landscape



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# The Reality of the Virtual Hearings



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## APTA Maryland Scorecard

APTA Maryland testified on the following bills and played a role in the successful **PASSAGE** of:

- [House Bill 123](#) (Delegate Pena-Melnyk et al.)/[Senate Bill 3](#) (Senator Griffith et al.) Preserve Telehealth Access Act of 2021
- [House Bill 210](#) (Delegate Bhandari) / [Senate Bill 517](#) (Senator Klausmeier) - State Board of Physical Therapy Examiners - Temporary Licenses to Practice Physical Therapy and Limited Physical Therapy
- [House Bill 463](#) ( Delegate Baron)/[Senate Bill 172](#) (Senator Hayes et al.) Maryland Health Equity Resource Act
- [House Bill 78](#) (Delegate Pena-Melnyk et al.) / [Senate Bill 52](#) (Senator Washington) Public Health - Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)
- [House Bill 28](#) (Delegate Pena-Melnyk & R. Lewis) / [Senate Bill 5](#) (Senator Griffith et al.) Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities
- [House Bill 309](#) (Delegate Pena-Melnyk & R. Lewis) / [Senate Bill 565](#) (Senator Griffith et al.) Public Health - Data - Race and Ethnicity Information

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## Health Care Delivery Reform and Innovation in Maryland.

Health Care Delivery Reform in Maryland is driven by the Health Services Cost Review Commission and the Total Cost of Care Agreement between the State of Maryland and CMS-CMMI.

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## Total Cost of Care (TCOC) Model:

### CMS approved a new 10-year model for Maryland:

- Began January 1, 2019
- Builds on the All-Payer Model
- Moves beyond hospitals to further improve health outcomes of individuals and the population, and to slow the growth of per capita healthcare spending
- Uses State flexibility to promote private-sector efforts
- By end of 2023, reach \$300 million in annual savings to Medicare Parts A and B, including non-claims-based payments, through slower TCOC spending growth per beneficiary

### Reflections on Phase 2 TCOC so far:

- Hospitals are meeting Medicare savings requirements, but it has been achieved through:
  - Moving volumes outside the hospital and regulated settings
  - Employing physicians, providers and practice groups
  - Boosting revenues in unregulated settings
- We are working to create opportunities for provider led innovations
- We are working to get more clearly delineated goals and designs for what “new” and “next” phases of the Total Cost of Care System will be.

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## Care Redesign Programs - Background:

- In 2017 the HSCRC finalized with CMS an amendment to the waiver establishing a Care Redesign Program (CRP) for hospitals and their “connected care partners”.
- The CRP provides a framework to allow for the creation of specific programs to allow hospitals and their care partners to collaborate in new ways and allow for shared savings.
- **These are all Hospital-Anchored programs.**
  - **1. Hospital Care Improvement Program (HCIP)**
  - **2. Episode Care Improvement Program (ECIP)**
  - **3. Care Transformation Initiatives (CTI)**
- In programs where shared savings and incentive payments are allowed, it is at the discretion of the hospital whether that may occur.

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## Future Models

### HSCRC: The Episode Quality Improvement Program – EQIP:

<https://hscrc.maryland.gov/Pages/Episode-Quality-Improvement-Program.aspx>

- The Episode Quality Improvement Program (EQIP) is a voluntary program that will engage specialist physicians who treat Maryland Medicare beneficiaries in care transformation and value-based payment through an episode-based approach.
- EQIP will hold participants accountable for achieving cost and quality targets for one or more Clinical Episodes.
- The first Performance Year of EQIP will cover a range of initial Clinical Episodes in the specialty areas of cardiology, gastrointestinal, and orthopedics.
- Enrollment for EQIP begins July 9th, 2021, ending September 1, 2021; Targeted Performance Year Start: January 1, 2022.

### Value Based Care:

**House Bill 1021 (Chair Pendergrass) / Senate Bill 758 (Senator Beidle) Health Insurance - Incentive Arrangements - Authorization [Bill was withdrawn in both the House and Senate by sponsors]**

- Authorizing certain bonus or incentive-based compensation to include a certain two-sided incentive arrangement;
- authorizing a certain carrier to recoup funds paid to an eligible provider under a two-sided incentive arrangement that meets certain requirements and criteria;
- providing that a certain primary care provider is not engaged in certain acts of an insurance business if certain requirements are met solely because the primary care provider enters into a certain contract that includes certain capitated payments...

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## Telehealth – A Closer Look

- Over the course of the past year telehealth has grown to become the standard of care for many Marylanders who do not feel comfortable going back into health care provider offices.
- Many of the provisions and benefits patients and providers are experiencing from telehealth are tied to the Governor's State of Emergency.
- With that executive order to end at some point the legislature wanted to make sure some of the popular components of telehealth were allowed to extend beyond the pandemic and even studied to assess how they could be incorporated into a post pandemic health care system.
- There were many competing bills to address telehealth, House Bill 123 & 551 being the ones APTA supported.
- Ultimately, House Bill 123 was the favored bill that went on to pass but many provisions from HB 551 were amended into HB 123.
- APTA MD came out in support of the Preserve Telehealth Access Act of 2021 that was passed and signed into law promptly by the Governor.

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# Preserve Telehealth Access Act of 2021

## House Bill 123 & Senate Bill 3

[Passed, Signed into law by the Governor. Takes effect July 1, 2021]

- **Coverage Requirements:** The bills require a health insurance carrier to provide coverage of telehealth regardless of the location of the patient at the time that the services are provided and extend coverage to include, for a two-year period, audio-only telephone conversations between a health care provider and a patient. A carrier may not exclude from coverage or deny coverage for a behavioral health care service that is a covered benefit under a health insurance policy or contract when provided in-person solely because the service may also be provided through a covered telehealth benefit. The bills also clarify that telehealth coverage must include counseling and treatment for substance use disorders and mental health conditions.
- **Reimbursement Requirements:** From July 1, 2021, through June 30, 2023, a carrier must provide reimbursement for a health care service appropriately provided through telehealth on the same basis and at the same rate as if the health care service were delivered in person. Reimbursement does not include (1) clinic facility fees, except as specified, or (2) any room and board fees. Additionally, a health insurance carrier may not impose as a condition of reimbursement of a covered health care services delivered through telehealth that the health care service be provided by a third-party vendor designated by the carrier.
- **Medicaid Requirements:** Senate Bill 3/House Bill 123 also alter telehealth coverage and reimbursement requirements for Medicaid.

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# Telehealth Studies in HB123/SB3

**Study Requirements:** By December 1, 2022, the Maryland Health Care Commission, in consultation with specified entities, must submit a report to specified legislative committees on the impact of providing telehealth services as required under the bills. Among other requirements, the report must include an analysis of the impact of the use of telehealth on disparities in access to health care services, an assessment of the efficiency and effectiveness of telehealth services and in-person visits, and an assessment of patient awareness of and satisfaction with telehealth coverage and care. The report must include recommendations on coverage of telehealth services and payment levels for telehealth services relative to in-person care.

As part of the report, the Maryland Insurance Administration (MIA) must study how telehealth can support efforts to ensure health care provider network sufficiency and the impact of changes in access to coverage of telehealth services under health benefit plans on the ability of consumers to choose in-person care versus telehealth care as the modality of receiving a covered service.

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## Looking Ahead To 2022...

### Fair Copay Legislation

#### The Problem:

PT patients are being asked to pay co-pays and cost sharing amounts that at times exceed what PTs are reimbursed by carriers.

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## Fair Copay – The Need

- Physical Therapists routinely participate with: commercial insurance plans, Medicare and Medicaid
- Under Maryland law and regulation physical therapists are direct access providers and can bill independently for patient visits.
- Frequently patients encounter challenges with commercial carriers through the imposition of high cost and wide-ranging copay and cost share requirements.
- In some cases, **more than 50% of the PT's reimbursement comes not from the insurer but the patient through cost share fees imposed by the insurer.**
- **This becomes a tremendous financial barrier to care when the patient is asked to pay more out of pocket than what the insurer reimburses the PT.**
- The result is patients get discouraged to continue receiving the treatment and therapy they need.

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## Fair Copay – The Solution

### The Solution:

Prohibit insurers from charging a copayment, coinsurance, or office visit deductible that is greater than the copayment, coinsurance, or office visit deductible amount charged to the insured for the services of a primary care physician or practitioner.

**8 States\*** across the country have addressed this problem with legislation identical or similar to the language above.

– *\*Arkansas, Connecticut, Iowa, Kentucky, Missouri, New Hampshire, Pennsylvania, South Dakota*

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## Action Items Going Forward

The coming weeks and months will be an important time for APTA Maryland to continue its advocacy and lay groundwork for the next Session.

APTA Maryland will be:

- Convening a group of stakeholders to build a coalition of support for Fair Copay Legislation.
- Participating in stakeholder discussions, workgroups, and task forces created in legislation from 2021 including those concerning health equity and disparities
- Participating in the efforts of the Maryland Health Care Commission (MHCC) as it begins work on its telehealth study.
- Continuing work on Network Adequacy as the MIA resumes stakeholder meetings during the Summer.

We look forward to continuing our work with APTA Maryland and building on the success of the 2021 Session.

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# QUESTIONS & DISCUSSION