

House Human Services Committee

SB2179

March 15, 2021 2:30-5:00 pm

Chairman Robin Weisz and committee members, thank you for reviewing the requests to enact telehealth payment parity in North Dakota. My name is Marsha Waind. I currently work for the University of North Dakota School of Medicine and Health Sciences within the Dakota Geriatrics Workforce Enhancement Program. My job is to develop Geriatric Telehealth Services and training programs for the older citizens of North Dakota and for the healthcare staff of tomorrow. Previously I spent more than 30 years at Altru Health System in Grand Forks, 20 of those years in Regional Development and Telehealth. I traveled the Altru Service Area learning the rural healthcare needs and making connections to improve that care with our rural healthcare partners. Telehealth became an important connection between rural providers and Altru specialists. When I retired in 2020, Altru connected to 14 rural hospitals, 16 Rural Clinics, 15 Skilled Nursing Facilities and 4 Residential care facilities.

Telehealth in North Dakota:

- provides care to rural patients that otherwise would not receive that care
- it keeps money local, for the hospital and for the local grocery store and gas station
- it improves relationships between small town providers and tertiary care
- it reduces cost to small rural facilities and at times, keeps the ambulance in town for calls instead of transporting to a clinic visit out of town

Here are five examples of how a North Dakota HealthCare System and its providers use Telehealth to improve access to care. Nelson County Health System is in McVile. This is how they use Telehealth

- 1) Outpatients come to the hospital telehealth room, which is staffed by a Nelson county nurse. A variety of specialists and providers are available by telemed. Today a 12 yr. old boy leaves school and walks to the Hospital, where his mom joins him from her workplace. They have the telemed visit with the behavioral health provider. The boy goes back to school, Mom goes back to work. Mom doesn't lose a day of work; the boy doesn't miss a day of school. Mom doesn't buy gas in the larger town or get groceries while she is there. The extra cost of the Nelson Co nurse, room and equipment was financed by Nelson Co hospital. The behavioral health provider is paid less because the visit is over telehealth.
- 2) Nelson Co Health System operates the Nelson County Care Center, a 39 bed skilled nursing facility. The facility recently admitted an 88yr old female with post-surgical hip fracture. There are orders for a recheck in 10 days. The orthopedist is an hour and ten minutes away, if the weather is good. Without telehealth, Nelson Co skilled nursing center would have had to arrange for an ambulance and two attendants to take the patient. A costly transport. And this would have taken the only ambulance out of town. If a trauma call came while they were gone, an ambulance from surrounding area would need to be called. However, the recheck can be scheduled through Telehealth. The patient has her Xray, and labs done at Nelson Co prior to the clinic visit and sent to the orthopedist. Those tests generate income at the local healthcare facility, instead of going to the larger hospital. The orthopedist's service or time is no less valuable over telehealth, yet he would be reimbursed less by insurance other than Medicare.

- 3) Nelson Co in McVille also has a satellite clinic in Michigan, ND. It is open four days a week with the FNP providers from McVille, two days by telehealth and two days by onsite care. A nurse supports both the providers on site and through telehealth, on telehealth days. Nelson Co Health System bears the cost of the keeping the nurse on location for telehealth visits. Use of telehealth increases access to care using the limited resources of healthcare providers in the rural area. Langdon clinic uses the same strategy for its clinic in Walhalla, Nd. Should Nelson County Health System be reimbursed less for their care over telehealth to the satellite Clinic?
- 4) Nelson Co has developed a home nursing service. Today the nurse arrives to find her patient is in distress and determines that the patient should have a visit with their provider. She gets out her telehealth equipment and connects to the Nelson co provider allowing her to assess the patient. Heart and lungs sound, even an EKG can be done quickly so the provider can avoid a critical situation or an ER visit. The provider uses the same skill set and devotes the same amount of time to this patient over telehealth as the next patient that she sees in the clinic. Yet she is not paid at parity for this service. Nelson Co Health System should not be paid less for services that cost just as much or more to provide as they strive to improve access to much needed rural healthcare.
- 5) A 58 yr old patient is admitted to Nelson Co hospital with kidney disease. The local provider requests a teleconsult with his Nephrologist to determine his care plan. The Nephrologist reviews the labs and other tests performed at Nelson Co and supports the local team in providing care. The patient can stay at the McVille hospital while he improves. The patient is confident of the care provided by both his specialist and his local care team. The patient is not put at risk of further COVID infection in a new location. The local hospital retains patient revenue. Yet the time and talent of the specialist is reimbursed at a lower rate because it is telehealth.

These five examples exemplify that provider services over telehealth provide the same quality and the same service as in person care and should be paid at parity.

- Perception of telehealth overuse leading to increased healthcare costs has not been borne out in States with parity for telehealth.
- Telehealth is a tool in our tool kit that is largely substitutive not additive to in-person care. That is why Medicare has paid at parity for many years and has expanded coverage to more services and to service in the home.
- Telehealth is not cheaper to provide.
- Telehealth is vital to better healthcare across North Dakota. It improves healthcare to our citizens.
- Telehealth is important to North Dakota and should be paid at the same rate as in-person care.

We are asking the committee to amend the engrossed bill SB 2179 to require insurance plans to reimburse covered telehealth services at rates not less than in-person services as part of a two-year pilot project, which sunsets on July 31, 2023.

Thank you,

Marsha Waind

mawaind@gra.midco.net