

Testimony of Katie Rutherford, Executive Director, Frannie Peabody Center
L.D. 1974 An Act To Promote Telehealth
Before the Joint Standing Committee on Health and Human Services – January 22, 2020

Chairman Gratwick, Madam Chair Hymanson, and Members of the Health and Human Services Committee: My name is Katie Rutherford, and I am the Executive Director at Frannie Peabody Center, Maine's oldest and largest HIV/AIDS service organization. For over thirty years, we have provided direct services for more than 2,000 people living with HIV/AIDS, including targeted case management under Chapter II, Section 13 of the MaineCare Benefits Manual. This testimony is respectfully submitted in support of LD 1974 – An Act to Promote Telehealth.

The majority of the people we serve through targeted case management services are low-income and face unique barriers related to living with HIV/AIDS, including stigma and isolation. In many cases, these challenges can lead to gaps in care when people feel their presence at an office or agency may result in unnecessary disclosure of their HIV status. Additionally, many clients face transportation barriers related to complex medical and physical conditions, as well as language barriers, that make systems such as Logisticare, RTP, and navigating public busses inaccessible. Low vacancy rates and rising cost of living within areas surrounding social and medical services are also factors that force people further away from the critical services necessary to sustain overall health.

Our primary focus within case management is to support individuals' continued engagement in care as it contributes to positive health outcomes, sustained well-being, and a pathway to independence. As the need for services continues to grow, and expands geographically, strategies such as telehealth are crucial in providing high-quality, effective case management services. Telehealth services defined in LD 1974 contribute to reducing many of these barriers, prevent gaps in care, and may minimize unnecessary disclosure of protected health information.

In examining the components of case management services that could be accomplished by Telehealth, it is our hope that the Committee consider areas of the MaineCare Benefits Manual covered services that currently require signatures by clients and/or providers. Specifically, Section 13.07-3, A.2.c states: "Documentation of member and/or family involvement in the development of the plan/plan of care must include their signatures," and Section 13.07-3, A.3.b - content of a member case record must include other documentation including: "accountability as evidenced by signature [of case manager] and date."

With the advancement of multi-factor security measures and implementation of telehealth tools, electronic signatures and/or appropriate documentation should be considered compliant with requirements stated above.

I would appreciate the opportunity to contribute further to these strategies in a work session, as we fully recognize their ability to support clients in accessing crucial services.

Thank you for your time.