



April 21, 2021

Dear Madam Chair and Members of the House Health & Insurance Committee,

On behalf of the Colorado Community Health Network, or CCHN, I am writing in support of House Bill 21-1256: Delivering Health Care Services Through Telemedicine.

CCHN is the membership association for Colorado's 20 Federally Qualified Health Centers, also known as Community Health Centers (CHCs). Colorado's CHCs operate more than 220 clinic sites across the state and are the health care home to more than 852,000 Coloradans. Located in high-need urban and rural areas, CHCs provide high-quality and accessible primary care, including medical, behavioral, and oral health services to all patients regardless of insurance status or ability to pay. Fifty percent of CHC patients are covered through Health First Colorado, Colorado's Medicaid program.

Throughout the COVID-19 pandemic, Colorado's CHCs have played a critical role in responding to the virus, including providing testing, treatment, and vaccination services to some of the state's most vulnerable and underserved communities. CHCs have been on the frontlines of COVID-19, all while continuing to provide quality and accessible primary care to one in seven Coloradans.

The ability for CHCs to maintain their roles as comprehensive primary care providers throughout the pandemic has been due in large part to the accessibility and reimbursement of telemedicine services. From April to December 2020, an average of 33% of Colorado CHC visits were conducted via telemedicine. CCHN has worked in close partnership with the Department of Health Care Policy and Financing (HCPF) to ensure that Colorado's telemedicine regulations are in line with the needs of CHCs and their patients.

HB21-1256 would direct HCPF to establish rules for virtual-only health care providers that deliver health care services exclusively through telemedicine. CCHN and CHCs recognize the importance of a health care home for Medicaid patients to ensure continuity of care and patient choice and supports the Department's efforts to regulate virtual-only health care providers while working to ensure the sustainability of telemedicine for Medicaid providers and members.

On behalf of CCHN and Colorado's CHCs, I urge you to support HB21-1256.

Thank you,

Polly Anderson
Vice President of Strategy & Finance
Colorado Community Health Network



VOTE YES

HB21-1256 Delivery of Health-care Services through Telemedicine (Rep. Lontine / Sen. Winter)

What does this bill do?

- **In the fee-for-service category**, provides rulemaking authority to create an accountability framework for entities that provide services predominantly or exclusively through telemedicine.
- Gives HCPF the flexibility to move from crisis mode to comprehensive policy that promotes member access, quality, equity and cost-effectiveness.
- Preserves the “medical home” concept - a cornerstone in the Accountable Care Collaborative.
- Allows HCPF to manage expenditures effectively by reducing high-volume, low-value services.

With more flexibility, HCPF can build on **current telemedicine programmatic and policy goals**:

- Increase access and reduce health disparities, especially for rural members, seniors, people with disabilities, and others with barriers to in-person care;
- Ensure access to in-person care for emergent issues or follow-up;
- Ensure high quality and evidence-based telemedicine services;
- Ensure continuity of care by integrating telemedicine into members’ medical homes/neighborhood;
- Develop flexible and cost-effective payment models for telemedicine services;
- Recognize and guard against unintended consequences, compliance risks and fraud.

Why is this bill needed?

Telemedicine is here to stay, and HCPF needs to shift from crisis lens to a best practice lens. Prior to the pandemic, close to 99% of fee-for-service visits were delivered in-person. Telemedicine visits hit 32% during the week of April 12, 2020, leveled off over last summer and stabilized around 15% of visits.

HCPF needs the flexibility to guide the integration of services provided by a new type of entity.

Typically, these entities do not have a “brick and mortar” presence in Colorado, but contract with Colorado licensed providers, and provide services predominantly or exclusively via telemedicine. HCPF wants to work with stakeholders to develop rules that embrace the best elements of this new business model, while still emphasizing integration into the medical home, and appropriate utilization of high-quality services. The Department can then improve members’ health outcomes and overall expenditures effectively, which are estimated at \$177 million in FY21, and projected to top \$190 million in FY22.

What are the consequences if this bill is not passed?

The Department cannot ensure telemedicine in the fee-for-service category is well-integrated into medical homes and neighborhoods and delivers consistently high quality services. In addition, the Department will not be able to manage overall expenditures effectively.

What is the fiscal impact of this bill?

No fiscal impact.

More Questions ?? Jo Donlin, Legislative Liaison, 720-610-7795 or jo.donlin@state.co.us





Colorado Health Policy Coalition

Honorable Members of the General Assembly,

We, the undersigned members of the Colorado Health Policy Coalition (CHPC), support the enactment of House Bill 21-1256, which requires the Department of Health Care Policy and Financing (Department) to promulgate rules specifically relating to entities that deliver health-care or mental health-care services exclusively or predominately through telemedicine. The CHPC is a broad-based coalition of organizations representing consumer advocates, public health, all types of health care providers, health systems and philanthropy. We offer our hand in partnership to our state's leaders in engaging in health system transformation efforts that achieve health equity.

Through the Colorado Health Policy Coalition, our state's health care stakeholders stand united to advance health equity in Colorado, which exists when everyone can achieve optimal health. Structural discrimination and economic hardship impact health outcomes in ways that are unjust and that compromise the strength of our communities. Understanding – through measurement and community engagement – how health reform efforts impact health equity is necessary to ensure that overall health improvements serve to reverse health inequities.

House Bill 21-1256 provides an important opportunity for the Department to partner with health care consumers and stakeholders to leverage the benefits telehealth offers to patients; while still preserving the patient-provider relationship that is the critical to patient-centered care and the primary care medical home that is the foundation of our state's Medicaid delivery system. Together, we can work to integrate telehealth in a way that improves health care access and outcomes, and drive value in our public programs on behalf of our state's taxpayers.

We appreciate your support of House Bill 21-1256 and are happy to answer any questions you may have about the legislation.

Sincerely,

Your Colorado Health Policy Coalition,

American Academy of Pediatrics, Colorado Chapter
Arthritis Foundation
Brain Injury Alliance of Colorado
Chronic Care Collaborative
Clinica Colorado
Colorado Association of Family Medicine Residencies
Colorado Association for School-Based Health Care
Colorado Behavioral Health Council
Colorado Children's Health Access Program
Colorado Center on Law and Policy
Colorado Coalition for the Homeless
Colorado Community Health Initiative
Colorado Counseling Association
Colorado Gerontological Society
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Colorado Respite Coalition
Colorado Safety-Net Collaborative
Denver Health



Colorado Health Policy Coalition

Easterseals Colorado
Mental Health Colorado

National Hemophilia Foundation Colorado
Rocky Mountain Stroke Center
Parkinson Association of the Rockies
Scleroderma Foundation Rocky Mountain Chapter
Young Invincibles