

SAMUEL I. "SANDY" ROSENBERG
Legislative District 41
Baltimore City

Health and Government Operations
Committee

Chair

Government Operations and Estates
and Trusts Subcommittee

House Chair

Joint Committee on Administrative,
Executive, and Legislative Review



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Testimony of Delegate Samuel I. Rosenberg

Before the House Health and Government Operations Committee

In Support of

House Bill 448

Health Care Practitioners - Telehealth

Madam Chairman and Members of the Committee:

Patient access requires us to create a consistent regulatory framework for the provision of telehealth services by all health care professionals. We must also provide all of the same consumer protections that apply to in-person health care services.

Telehealth first emerged as a regulatory issue with proposed regulations from the Board of Physicians. The proposed regulations perpetuate an outdated restriction on the health care providers interacting with new patients through electronic messaging in a secure patient portal, known as asynchronous communication. These restrictions have prevented Maryland from fully utilizing telehealth to address health provider shortages and improve access to care.

In Maryland, different types of health care practitioners work side-by-side in hospitals, community health centers, and behavioral health programs. Even though these practitioners are seeing the same patients in the same settings, they may operate under different telehealth rules. This piecemeal approach makes it difficult for health care facilities and programs to implement telehealth programs. Even more important, this piecemeal approach has prevented Marylanders from accessing needed services, including PrEP medication, primary care, and behavioral health services.

Most boards do not restrict practitioners in communicating with patients through telehealth. Consequently, House Bill 448 codifies the existing framework, for the most part. For a few boards, such as the Board of Physicians, this bill lifts unnecessary restrictions. The legislatures of Florida and California recently enacted similar legislation.

In Representative David Trone's letter of support, (see attached), he states "In order to ensure every Marylander has access to their health care needs, we need to move forward with telehealth innovations in Maryland." Rep. Trone further notes "whether a patient sees a health care practitioner in person or through telehealth, patients will be assured of the same standard of care."

Maryland has the most innovative approach to health care financing under the Total Cost of Care Model, yet we are behind many other states in our regulatory framework for telehealth. House Bill 448 will move Maryland forward in utilizing telehealth to increase the efficiency of our health care system and to improve access to needed health care services.

I urge a favorable report.

February 18, 2020



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February 13, 2020

The Honorable Paul Pinsky
Chair of the Senate Education, Health, and Environmental Affairs Committee
2 West Miller Building
Annapolis, MD 21401

The Honorable Shane Pendergrass
Chair of the House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

Dear Chair Pinsky and Pendergrass:

I would like to express my full support of *Senate Bill 402/House Bill 448 – Health Care Practitioners – Telehealth*. The bill provides a consistent regulatory framework to promote the adoption of telehealth in Maryland. In order to ensure that every Marylander has access to their healthcare needs, we need to move forward with telehealth innovations in Maryland. Telehealth offers the opportunity to increase access to health care for all Marylanders. We have seen telehealth transform the health care system of providers, as it allows clinicians to reach people in their homes. Patients do not face the barriers of distance and scheduling in getting the health care services they need.

Under Maryland's Total Cost of Care Model, we need to support solutions to make our health care systems more efficient and effective. We cannot rely solely on the bricks and mortar model to meet Marylanders' needs. However, health care practitioners are sometimes uncertain about the parameters of Maryland's telehealth requirements. Senate Bill 402/House Bill 448 clarifies telehealth is allowed and provides appropriate patient protections. Whether a patient sees a health care practitioner in-person or through telehealth, patients will be assured of the same standard of care, including privacy protections.

In discussions with constituents and health care providers across my district, I have witnessed the great potential telehealth technologies play in improving healthcare outcomes. This is especially true for those in rural areas such as Western Maryland, where individuals experience increased difficulties in accessing the care they need, whether this be from lack of transportation options or availability of nearby providers. It is critical that we continue to address lapses in access to healthcare services, which is why we must prioritize the promotion of promising tools such as telehealth technologies to do so.

In looking to the future of telehealth in Maryland, we should consider the strong example of the Department of Veterans Affairs (VA), an early adopter of telehealth innovations. The VA offers telehealth services in over 50 specialties through more than 900 facilities, allowing them to provide services to 702,000 veterans in 2016. The VA uses a combination of synchronous and asynchronous telehealth technology to meet the somatic and behavioral health needs of veterans.[i]

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "David Trone", with a long horizontal flourish extending to the right.

David Trone
Member of Congress

[i] Department of Veterans Affairs. Telehealth Factsheet.
https://www.va.gov/COMMUNITYCARE/docs/news/VA_Telehealth_Services.pdf

Opinion: The Modern Equivalent of a House Call

By **Guest Commentary** - February 18, 2020



There is a quiet yet fundamental transformation taking place in health care. It's telehealth.

No longer do patients have to go to see their health care providers. Now, their health care providers can go see them. It's like the old fashioned house call, just rebooted with new technology.

How many of us have delayed or even forgone the care we needed because we couldn't get to our health care provider's office? We may not have had transportation. We may have had too many work and family obligations to get in during regular office hours. Or we may not have had a provider anywhere near where we lived, especially for those of us in rural areas.

Through telehealth communications, health care providers can now make virtual house calls; and this means that many more patients will be able to get the health care they need. This includes, but is not limited to, primary care, specialties as diverse as dermatology and nutrition, and support for homebound patients.

There are different ways for health care providers to make these virtual house calls, and telehealth technology puts patients in the driver's seat of choosing how they prefer to communicate with their providers. They can video chat (synchronous) or have a patient-provider conversation through electronic messaging (asynchronous) as telehealth platforms must be secure and HIPAA compliant. Health care providers can deliver the health care services needed by patients, just as long as the providers can get all the relevant clinical information. If an in-person visit is needed, providers will work with their patients to ensure they get the right type of care.

We are supporting Senate Bill 402/House Bill 448, sponsored by Sen. Cheryl Kagan (D-Montgomery) and Delegate Sandy Rosenberg (D-Baltimore City), because it will support telehealth by providing a consistent regulatory framework. Nurses and physicians work side by side with other types of health care practitioners, such as occupational therapists and social workers. All health care practitioners would have to follow the same rules focused on consumer protection, just as they do for in-person care.

We are concerned by an amendment proposed by the Board of Physicians that would take telehealth backwards. Health care providers could not establish a patient-provider relationship through robust asynchronous communication, even though this communication tool is already used in Maryland and many other states. This prohibition would undermine the preferences of patients, it would undermine health care providers' judgment to choose the best tools for safely delivering care, and it would undermine the telehealth innovations already in place in Maryland.

The board proposes to limit the use of asynchronous prescribing to birth control to new patients. The rest would have to be studied. If this limitation were implemented for all providers, Maryland would be unnecessarily limiting access to medications to prevent HIV infection, treat skin conditions such as poison ivy, and manage common illnesses such as colds.

We support expanding birth control access, but we also support expanding access to all the other health care services available through telehealth. Our patients deserve to be able to utilize the best technology available to communicate with all their health care practitioners. We should be opening every door, whether virtual or in-person, for our patients to get the care they need.

— KAREN NELSON AND ELAINE CRAIN

The writers are, respectively, president and CEO of Planned Parenthood of Maryland and CEO of the Maryland Academy of Advanced Practice Clinicians.

Guest Commentary

