



February 17, 2020

The Honorable Shane Pendergrass
Chair, House Health and Government Operations Committee
Maryland General Assembly
House Office Building, Room 241
Annapolis, Maryland 21401

Re: HB 448 – Support for Telehealth Legislation to Expand Access to Care in Maryland

Dear Madam Chair Pendergrass:

On behalf of the American Telemedicine Association (ATA), I am writing to encourage you and your colleagues to vote favorably on HB 448 and help advance the adoption of telehealth and digital health technologies, address health care provider shortages, and help expand access to quality care in Maryland.

As the only organization completely focused on advancing telehealth, the ATA is committed to ensuring that everyone has access to safe, affordable and appropriate care when and where they need it, enabling the system to do more good for more people. The ATA represents a broad and inclusive member network of technology solution providers and payers, as well as partner organizations and alliances, working to advance industry adoption of telehealth, promote responsible policy, advocate for government and market normalization, and provide education and resources to help integrate virtual care into emerging value-based delivery models.

HB 448 provides a consistent framework for regulating telehealth and includes important safety requirements. The bill empowers providers with the ability to use both real-time and non-real time technologies, which advances patients' access to care and offers flexibility for future technology developments. Some opponents of the bill have suggested that only four states permit providers to use asynchronous communication to establish a patient relationship and/or prescribe treatment. However, the majority of states have adopted a regulatory approach similar to HB448: one that focuses on the standard of care with a broad definition for telehealth that is technology neutral, meaning it is not limited to real-time video or specific to any technology. In fact, across the country, providers and health care systems are relying on asynchronous modalities to perform patient evaluations and identify underlying conditions prior to prescribing medication for both new and established patients in fields including primary care, dermatology, psychology, and ophthalmology.

Maryland is currently an outlier and one of five states that require physicians to use a real-time audio-visual connection for an initial telehealth visit.¹ This requirement unfortunately prevents patients and providers in Maryland from accessing and utilizing emerging digital health technologies that enhance quality and expand access to care.

¹ Arkansas, Delaware, Idaho, Maryland, New Hampshire. The Idaho legislature is currently considering legislation to eliminate this requirement.



Given advances in telehealth technology and delivery, we believe that the synchronous audio-visual only requirement adopted by the Maryland Board of Physicians in 2019 is an unnecessary and clinically unsubstantiated barrier to quality care that fails to consider how asynchronous telehealth can address some of the significant provider shortages and health care disparities in the state. Notably, 20 out of Maryland's 24 counties face primary care health provider shortages, according to data from the US Health Resources and Services Administration (HRSA).²

We encourage the Committee to consider the unintended consequences of language that deliberately gives preference to specific modalities and technologies rather than ensuring all providers, whether virtual or in-person, meet the standard of care. While there are some important clinical differences that should be recognized, the provision of telehealth should not be regulated differently or held to a different standard than in-person care.

The ATA supports legislation, such as HB 448, that is technology and modality neutral and allows providers and patients to access care when and where they need it. The framework in HB 448 is a step forward in that it properly focuses on whether a practitioner has the necessary information to arrive at a diagnosis and treatment plan that meets the standard of care, rather than giving unnecessary weight to the specific modality enabling care. Every year brings additional evidence that when used appropriately, telehealth and the use of safe and effective technologies to deliver remote care improves health care quality and outcomes at reduced costs. Importantly, efforts to expand access to virtual care would allow Maryland to better align with neighboring states, including Pennsylvania, West Virginia, Virginia, and the District of Columbia, that have made, or are in the process of, making similar reforms. For these reasons, we support HB 448 and recommend advancing this critical legislation.

Thank you for your consideration of these important issues impacting your state and constituents. If you have any questions or would like to further discuss ATA's perspective, please contact me at kharp@americantelemed.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Harper", written over a thin horizontal line.

Kevin Harper
Director, Public Policy

² <https://data.hrsa.gov/tools/shortage-area/hpsa-find>