



Maryland Occupational Therapy Association

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Committee: Senate Education, Health, and Environmental Affairs Committee
Bill Number: House Bill 448
Title: Health Care Practitioners – Telehealth
Hearing Date: February 18, 2020
Position: Support

The Maryland Occupational Therapy Association (MOTA) supports *House Bill 448 – Health Care Practitioners - Telehealth*. This bill provides a consistent telehealth framework, including across all health care practitioners.

MOTA has long supported efforts in Maryland to expand the delivery of occupational therapy services through telehealth. As occupational therapy services are often provided in a client’s home and other community-based setting, the use of telehealth has obvious advantages. It accomplishes in a relatively brief interaction what would otherwise require hours of round-trip travel for the occupational therapist. This in turn reduces staff costs and affords access to services for a greater number of individuals.

Patient counseling on the use of durable medical equipment is an example of use of telehealth in occupational therapy. . Common equipment for seating and positioning, feeding, bathing and toileting lend themselves to synchronous and asynchronous telehealth solutions through measurements and follow-up that can be conducted remotely. This can be accomplished by the client or caregiver taking measurements by themselves—under remote supervision, if needed—using a tape measure or a smartphone app. After the initial measurements are taken, occupational therapists can continue to monitor the use and effectiveness through telehealth solutions. This could include the use of videos to illustrate a client’s performance navigating modifications in their home environment.

In addition, through the use of new technologies such as mobile health devices, occupational therapists are now able to monitor health data, including Activities for Daily Living (ADLs) while a client is in their home, at work, or otherwise in their community. This may inform an occupational therapist of the need to modify services within an individual’s environment. Without the use of telehealth and other technologies, this data would be impossible to collect and an in-person encounter is limited to a “moment in time” when the practitioner is physically present.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Rachael Faulkner at rfaulkner@policypartners.net or (410) 693-4000.