



Delegate Shane E. Pendergrass

Chair, House Health and Government Operations Committee

Room 241, House Office Building

Annapolis, Maryland 21401

Re: House Bill 448

February 7, 2020

Dear Chairman Pendergrass,

I am writing in reference to *HB 448: An Act concerning Health Care Practitioners-Telehealth*. I am using this opportunity to share the position of the American College of Physicians (ACP) on issues contained in this bill. The American College of Physicians is the country's largest specialty physician organization, with 159,000 members (including over 2000 members in Maryland). The ACP's position statement on telemedicine has been published in the *Annals of Internal Medicine (Policy recommendations to guide the use of telemedicine in primary care settings: An American College of Physicians position paper. Annals of Internal Medicine. 2015; 163: 787-89. [Link](#))*.

The ACP agrees with the potential value of telemedicine in improving access to healthcare and potentially addressing disparities in healthcare. That said, among the most effective interventions in improving healthcare outcomes (and lowering costs) is the ongoing and established relationship between a primary care physician and a patient, so we encourage improved access between patients and their physicians. Specifically:

- ACP believes that telemedicine can be most efficient and beneficial between a patient and physician with an established, ongoing relationship.
- ACP believes that telemedicine is a reasonable alternative for patients who lack regular access to relevant medical expertise in their geographic area.

The ACP states further that telemedicine should remain an intermittent method of access, and not entirely supplant in-person visits.

The concern with HB 448 has to do with establishment of care. Two clauses in HB 448 are inconsistent with ACP policy, and raise significant concerns. In 1-1003 (B) (2), it states:

- A health care practitioner may use a synchronous telehealth interaction **or an asynchronous telehealth interaction** to perform the clinical evaluation required under paragraph (1) of this subsection

Additionally, in 1-1006 (B) (2), it states:

- Shall allow for the establishment of a practitioner-patient relationship through a synchronous telehealth interaction **or an asynchronous telehealth interaction** provided by a health care practitioner who is complying with the health care practitioner's standard of care

The establishment of a practitioner-patient relationship through an asynchronous telehealth interaction is not consistent with ACP policy. To quote:

- A telemedicine encounter itself can establish a patient-physician relationship through real-time audiovisual technology

The relationship between a patient and their physician determines healthcare outcomes. The relationship between a patient and their primary care physician is perhaps the most effective in improving healthcare outcomes and lowering costs. Allowing asynchronous visits to establish care threatens establishment of a meaningful relationship between a patient and their physician. The Maryland Chapter of the American College of Physicians therefore cannot support HB 448 as it is currently written, and asks that this bill be withdrawn.

Sincerely,



Stephen D. Sisson MD FACP
Board of Regents
American College of Physicians



Mangla Gulati MD FACP
Governor, Maryland Chapter
American College of Physicians