

February 10, 2021

The Honorable Paul G. Pinsky
Chair, Education, Health, & Environmental Affairs Committee
2 West, Senate Office Building
Annapolis MD 21401

Dear Chair Pinsky:

On behalf of MedStar Health, I am writing to provide our perspective on ***SB 568 – Health Care Practitioners – Telehealth – Out of State Health Care Practitioners.***

Under SB 568, out of state health care practitioners would be allowed to provide telehealth services to a patient located in Maryland, without a Maryland license if the out of state practitioner:

1. Completes an application for registration;
2. Holds a current and valid license in another state, not subject to past or pending disciplinary action, and completes a criminal history records check;
3. Designates a registered agent;
4. Agrees to cooperate with any investigation; and
5. Pays a registration fee.

Out of state practitioners would be held to the same standards of practice as are applicable to in-person services in the state and subject to disciplinary action by the appropriate health occupations board. The boards are charge with publishing information about the out of state practitioner as is published on in-state practitioners.

We applaud and strongly support efforts to expand access to health care services and eliminate barriers to the use of telehealth. The critical flexibilities (including recognition of out of state licensure) relating to telehealth put in place during the COVID-19 pandemic have been essential in allowing providers to adapt swiftly to meet patient care needs. Almost overnight, providers dramatically increased access to virtual visits for their patients. MedStar Health has experienced a rapid transformation, with telehealth now normalized into how we treat patients in the region. In addition to providing an additional modality to access care and keeping our patients safe, we have seen a significant reduction in no-show and cancellation rates and very high patient satisfaction, with an average rating of 4.9 (out of 5) across our telehealth programs.

As a health care system, we strongly believe in the model of care delivery transformation made possible by telehealth and support legislative action that makes care throughout the region more seamless and decrease the burden and cost to patients and providers. In evaluating SB 568, we do not believe these aims are met. The registration requirements are very similar to those required for obtaining a Maryland license; e.g., application form, criminal background check, registration fee, etc. This will allow for a lengthy registration process and fees on par with existing licensure to create and equally burdensome, but slightly different process. The requirements may also burden local providers, intent on being able to provide continuity of care across our region, more than national telehealth vendor or provider groups

that do not have the local knowledge or resources to provide the full spectrum of longitudinal care and risk further fracturing the care environment.

We would ask that you consider a regional model that would allow providers in a region to be continuously available to their patients. The Medical Zone of Excellence model could be used to coordinate the efforts of providers across the District, Maryland and Virginia. It would enable practitioners licensed in any one of the participating jurisdictions to practice telehealth in the other jurisdictions. This commonsense approach will permit care within the region that is longitudinal, maintains care relationships and medical records and focuses on patient access, quality and choice.

Again, we applaud the efforts to make progress in affording better access to care and believe strongly in the role of telehealth to provide high quality care. MedStar Health wants to be an active partner in developing legislation that achieves a forward-thinking approach and incorporates the kind of new models of care that we have been successfully implementing during the pandemic.

Thank you for the opportunity to share our perspective.

Sincerely,

A handwritten signature in black ink that reads "Pegeen Townsend". The signature is fluid and cursive, with the first name "Pegeen" and the last name "Townsend" clearly legible.

Pegeen A. Townsend

cc: Members, Senate Education, Health, & Environmental Affairs Committee
April Morton