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January 25, 2021

The Honorable Delores G. Kelley Chair, Senate Finance Committee 3E Miller Senate Office Building Annapolis, MD 21401

Re: Senate Bill 3 - Preserve Telehealth Access Act 2021

Dear Chair Kelley,

The University of Maryland School of Medicine strongly supports SB 3 – Preserve Telehealth Access Act of 2021. The COVID-19 public health emergency accelerated the maturity of our Telehealth programs across our Faculty Practice plan. What would have otherwise crippled our healthcare system, the ability to deliver virtual care during the pandemic became critically important for our beneficiaries. Access to telehealth services without geographic restrictions, and via audio only transmission, helped ensure that patients could receive care where they are based on consumer choice and safety, and adjudicated by clinical judgment. We fully recognize and appreciate the high level of patient satisfaction delivered through Telehealth Services and plan to continue this high quality virtual care beyond the pandemic, with your help.

In response to the public health emergency, telehealth services allowed physicians and other providers to deliver care to our patients while supporting social distancing efforts, reducing exposure and spread of SARS-CoV-2 and other diseases, and reducing the utilization of personal protective equipment (a high value commodity during the public health emergency).

Telehealth Services allowed us to optimize technology to support secure, HIPAA compliant virtual care, especially for some our underserved populations. Telehealth technology allowed for the continuity of care helping to enhance patient wellness and improve efficiency and quality of care—with increased patient satisfaction. We also experienced access to real-time information related to social determinants of health which impact the lives of many patients in the communities that we serve. The efforts at greater provider to patient communication, and trust helped lead to improved health outcomes, reduced cost and waste, and duplication of services.



The authority granted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that broadened the waiver authority under section 1135 of the Social Security Act alleviated restrictive provider criteria allowing for other providers to bill for telehealth services. Reimbursement parity for telehealth providers will help this service continue to thrive and build robust telehealth care programs. All of our clinical departments are extremely supportive of this effort, including department Chairs:

Brian Browne, MD Emergency Medicine

Peter Crino, MD, PhD
Kevin Cullen, MD
Oncology
Steven Czinn, MD
Pediatrics
Stephen Davis, MBBS
Tom Hornyak, MD, PhD
Dermatology
Bennie Jeng, MD, MS
Ophthalmology

Christine Lau, MD, MBA Surgery
Jill RachBeisel, MD Psychiatry

William Regine, MD Radiation Oncology Peter Rock, MD, MBA Anesthesiology

Thomas Scalea, MD Trauma Sanford Stass, MD Pathology

Rodney Taylor, MD, MPH Otorhinolaryngology -Head and Neck Surgery

Graeme Woodworth, MD Neurosurgery

We look to your leadership in enacting this legislation and look forward to partnering with you on this critical and innovative healthcare initiative. For these reasons, we urge a favorable report on Senate Bill 3, Preserve Telehealth Access Act 2021.

Respectfully,

E. Albert Reece, MD, PhD, MBA

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