



Senate Bill 3 - Preserve Telehealth Access Act 2021
Before the Senate Finance Committee
January 27, 2021
Position: SUPPORT

The University of Maryland Medical System strongly supports SB 3 – Preserve Telehealth Access Act of 2021. The COVID-19 public health emergency accelerated the maturity of our Telehealth programs across the University of Maryland Medical System’s (UMMS) thirteen member hospitals, affiliated practices, medical groups, and urgent care clinics. 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.

As a critical component of our COVID-19 mitigation strategy and infection prevention efforts, Telehealth programs were implemented across the University of Maryland Medical System hospitals and its affiliated health care locations. This includes Telehealth programs for primary and specialty care and remote Emergency Department Telerriage services. 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.

Telehealth programs at UMMS allowed for greater interaction among interprofessional teams (*example of orthopedic surgeons using telehealth to connect their patients with social workers, case managers, physical therapists, nutritionists, etc.*) to treat the whole patient at a convenient time for the patient. 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.

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 SB 3.

Page Two

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