

# **SB 3 - PGCEX - Support.pdf**

Uploaded by: Alsobrooks, Angela

Position: FAV



# THE PRINCE GEORGE'S COUNTY GOVERNMENT

## OFFICE OF THE COUNTY EXECUTIVE

**BILL:** Senate Bill 3 - Preserve Telehealth Access Act of 2021

**SPONSOR:** Senator Griffith, *et al.*

**HEARING DATE:** January 27, 2021

**COMMITTEE:** Finance

**CONTACT:** Intergovernmental Affairs Office, 301-780-8411

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**POSITION:** SUPPORT

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The Office of the Prince George's County Executive **SUPPORTS Senate Bill 3 - Preserve Telehealth Access Act of 2021** which expands telehealth to include audio-only calls for Medicaid and private insurers and to include remote patient monitoring services for Medicaid. The bill also removes originating and distant site restrictions on telehealth for Medicaid (allowing patients to receive telehealth services at their home) and requires private insurers to provide the reimburse to healthcare providers for a covered service regardless of whether it was provided via telehealth or in person. Finally, the bill prohibits private insurers from requiring as a condition of reimbursement for a telehealth service that the service be provided by a provided designated by the private insurer.

The expansion in telehealth in response to the COVID-19 public health emergency has been critical in ensuring access to health care to our most vulnerable populations. Temporary emergency expansions of telehealth covering audio-only calls is vital for reaching older patients who don't have a smartphone, and removing location restrictions allows patients to receive based on where it is safest and easiest for them to reach. It is important that we continue that momentum that has appeared for telehealth in the past year and make permanent the temporary expansions of telehealth set to expire once the COVID-19 public health emergency subsides.

For these reasons, the Office of the Prince George's County Executive **SUPPORTS Senate Bill 3** and asks for a **FAVORABLE** report.

**SB0003 Written Testimony-DRM-01-25-21.pdf**

Uploaded by: Ames, Randi

Position: FAV



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Phone: 410-727-6352 | Fax: 410-727-6389

[www.DisabilityRightsMD.org](http://www.DisabilityRightsMD.org)

**SENATE FINANCE COMMITTEE  
SENATE BILL 0003: PRESERVE TELEHEALTH ACCESS ACT OF 2021**

**JANUARY 27, 2021**

**POSITION: SUPPORT**

Thank you for the opportunity to provide testimony on Senate Bill 0003: Preserve Telehealth Access Act of 2021. Disability Rights Maryland (DRM – formerly Maryland Disability Law Center) is the federally designated Protection and Advocacy agency in Maryland, mandated to advance the civil rights of people with disabilities. DRM works to increase opportunities for Marylanders with disabilities to be integrated in their communities, live independently and access high-quality, affordable health care.

Health care is a critical public service, especially given the current public health emergency. People with intellectual and developmental disabilities are three times more likely to become infected with COVID-19 and die than those without disabilities.<sup>1</sup> Studies have shown that people with intellectual and developmental disabilities face extraordinary barriers to maintaining their health and accessing health care.<sup>2</sup> People with disabilities are also less likely to have access to transportation than their non-disabled peers. These disparities reflect longstanding disparities in health and health care that stem from structural and systemic barriers, influenced by racism and discrimination. It is crucial to address the barriers people with disabilities face in accessing quality health care.

The expansion of telehealth services is a step in the right direction in making health care more equitable, by increasing accessibility and limiting the risk of exposure during the pandemic. A recent study, conducted for the Department of Health's Behavioral Health Administration by the University of Maryland Baltimore, found that telehealth (including audio only) has been extremely beneficial to helping individuals remain engaged with behavioral health services. One health care provider noted that telehealth was helpful in mental health emergency services: "There is no longer a delay for the client to transport to the office, for the client is able to receive

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<sup>1</sup> Risk Factors for COVID-19 Mortality among Privately Insured Patients, A FAIR Health White Paper in Collaboration with the West Health Institute and Marty Makary, MD, MPH, from Johns Hopkins University School of Medicine, November 11, 2020.

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf>.

<sup>2</sup> National Council on Disability, *The Current State of Health Care for People with Disabilities*, (2009), available at: [https://www.ncd.gov/publications/2009/Sept302009.](https://www.ncd.gov/publications/2009/Sept302009.;); Promoting Self-Determination in Health and Medical Care: A Critical Component of Addressing Health Disparities in People with Intellectual Disabilities, *Journal of Policy and Practice in Intellectual Disabilities*: 3(2):105 – 113, June 2006.



an emergency session during the time of the crisis.” Another provider reported, “I have two clients recovering from surgery that would not have been able to make it into an office for months, but did not experience a lapse in treatment due to the availability of telehealth.”<sup>3</sup>

Audio only telehealth services provide more access to traditionally underserved populations and communities, including rural and low-income populations. Approximately 425,000 Marylanders are without broadband service, making a visit with a healthcare provider using traditional telehealth platforms impossible.<sup>4</sup> People with disabilities also live in poverty at more than twice the rate of people without disabilities.<sup>5</sup> Nationally, the expansion of audio only services are one of the most common responses to the pandemic among the states. At least five states have already made such changes permanent.<sup>6</sup>

While the cost to the state for the expansion of Medicaid’s telehealth services are uncertain, this Bill increases efficiency of service and can substitute for existing services. Furthermore, this Bill does not increase eligibility for services, only access. Twenty-two states plan to continue newly added and expanded Medicaid telehealth coverage, at least in part, after the pandemic.<sup>7</sup>

Expansion of telehealth services, including audio only, during and after the pandemic will ensure health care is more accessible for people with disabilities. Obtaining accessible and affordable health care can provide the foundation for community integration, economic mobility, and improved quality of life for people with disabilities.<sup>8</sup>

**For these reasons, DRM strongly supports Senate Bill 0003.**

Respectfully,

Randi A. Ames, Esq.  
Staff Attorney  
Disability Rights Maryland  
1500 Union Ave., Suite 2000  
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Direct: 443-692-2506  
RandiA@DisabilityRightsmd.org

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<sup>3</sup> “The Effects of COVID-19 on Individuals Receiving Behavioral Health Services and Supports in Maryland, Final Report June 19, 2020” prepared By: University of Maryland Baltimore, Systems Evaluation Center, <https://bha.health.maryland.gov/Documents/COVID%20Survey%20Report%20FINAL%206.25.20.pdf>.

<sup>4</sup> <https://www.marylandmatters.org/2020/10/06/with-digital-divide-starker-than-ever-more-than-400k-marylanders-lack-broadband/>.

<sup>5</sup> National Council on Disability, *National Disability Policy: A Progress Report* (October 26, 2017)

<sup>6</sup> <https://www.cchpca.org/covid-19-related-state-actions>.

<sup>7</sup> State Medicaid Programs Respond to Meet COVID-19 Challenges: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2020 and 2021, Kathleen Gifford, Aimee Lashbrook, Sarah Barth, Elizabeth Hinton, Robin Rudowitz, Madeline Guth, and Lina Stolyar, Oct 14, 2020, available at: <https://www.kff.org/report-section/state-medicaid-programs-respond-to-meet-covid-19-challenges-benefits-cost-sharing-and-telehealth/>.

<sup>8</sup> “Quality of Care and Quality of Life: Convergence or Divergence?” Wadi B Alonazi and Shane A Thomas, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4122532/>.

**SB03\_Support\_KennedyKrieger\_Telehealth.pdf**

Uploaded by: Arneson, Emily

Position: FAV



**DATE:** January 27, 2021                      **COMMITTEE:** Senate Finance  
**BILL NO:** Senate Bill 003  
**BILL TITLE:** Preserve Telehealth Access Act of 2021  
**POSITION:** Support

## **Kennedy Krieger Institute supports Senate Bill 003 - Preserve Telehealth Access Act of 2021**

### **Bill Summary:**

Senate Bill 003 puts telehealth policy extensions permitted during the public health emergency in statute, ensuring permanency. This bill eases restrictions on originating and distance sites; allows for reimbursement parity between in-person and telehealth services; permits the use of audio-only telehealth; and removes barriers to remote patient monitoring services.

### **Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs.

**Medicaid Services:** Kennedy Krieger serves approximately 25,000 families per year, of whom a third are Medicaid recipients.

**Telehealth Services:** Kennedy Krieger Telehealth services include education, consultation, diagnosis, and direct in-home treatments. Prior to the pandemic, Kennedy Krieger had an established telebehavioral health program with demonstrated satisfaction and behavioral outcomes. In the six weeks leading up to March 15<sup>th</sup>, Kennedy Krieger's 18 telehealth providers delivered 70 appointments (approximately 11 per week). Since March 15<sup>th</sup>, the Institute's 585 providers have delivered over 72,000 telehealth appointments (approximately 4,000 per week).

Our Families connect with their provider through a secure, HIPAA-compliant web-based portal from the privacy of their homes. Necessary equipment includes WiFi service and a telephone, tablet, laptop or desktop with a built-in or USB camera. In April, Kennedy Krieger was the proud recipient of a \$994,950 grant from the Federal Communications Commission to expand and improve our telehealth services. The Institute has deployed this money by creating a loan program, loaning iPads, Chromebook, hotspots and other technology to our patients and providers.

### **Rationale:**

The COVID-19 Pandemic has accelerated the use of telehealth and highlighted its many benefits. Emergency waivers from the federal and state government have allowed the health community to ramp up telehealth quickly and removed barriers that previously limited access. Telehealth has improved access to care, and we should continue these efforts beyond the pandemic. The behavioral and mental health effects of the enormous challenges and disruptions of this past year, and continuing into the present time, will outlive the pandemic with enduring adverse consequences for many Marylanders. Now is not the time to make healthcare less accessible.

In-home telehealth services are feasible, safe, efficient, and effective, and they allow families across the state access to the highest quality of services and providers available. For Maryland families with no access to care during the pandemic, telehealth has provided a vehicle to deliver high quality services. Reimbursement parity is an important component for the future of telehealth.

Telehealth increases access to care, makes services more accessible for families, and reduces travel time and expenses. Telehealth also allows therapists to see the child and family in the home setting, where the majority of the problems occur.

**Evidence-Based Outcomes To Date (based on over 72,000 telehealth sessions):**

Kennedy Krieger released a Patient Experience Survey to evaluate our delivery of telehealth between March to May 2020. Telehealth was provided across all disciplines including psychology, physical therapy, speech and language pathology, occupational therapy, medical programs, and all mental and behavioral health services.

Over 2,000 self- or parent- reported survey responses were received. Parent and patient satisfaction was overwhelmingly high, with 94% agreeing or strongly agreeing that the telehealth platform was easy to use; 96% agreeing or strongly agreeing that they felt comfortable sharing information using telehealth; 95% agreeing or strongly agreeing that they had an overall satisfaction with the clinical services received via telehealth.

In a dramatically changing healthcare environment, telehealth is a necessary tool to have available to utilize beyond the pandemic. Those at most-risk cannot afford to have a delay in care, and rather, should have every opportunity to access their doctors and health plan. **Kennedy Krieger eagerly endorses the permanency of these waivers through Senate Bill 003 and urges the committee to provide a favorable report.**

**SB0003 Balt Sustain Comm.pdf**

Uploaded by: Avins, Miriam

Position: FAV

BALTIMORE COMMISSION ON SUSTAINABILITY  
*People ♦ Planet ♦ Prosperity*

January 25, 2021

Senator and Committee Chair Senator Delores G. Kelley  
Members of the Senate Finance Committee

RE: Support for SB0003, the Preserve Telehealth Access Act of 2021

Dear Chair Kelley and Members of the Senate Finance Committee,

We are writing in support of SB0003, the Preserve Telehealth Access Act of 2021.

The Baltimore Commission on Sustainability is a body appointed by the Mayor to oversee the creation and implementation of the Baltimore Sustainability Plan. The 2019 Baltimore Sustainability Plan addresses a wide range of social, economic and environmental goals for the City, and it does so through an equity lens.

The Baltimore Commission on Sustainability has a strong interest in the success of HB0123. As the Sustainability Plan notes, “We all benefit from robust neighborhoods and thriving societies. The more equitable our city, the more sustainable we all are.” The Covid pandemic, which has exacerbated many inequities, brought telehealth as a silver lining, increasing how residents can access their medical practitioners. Equity requires that we permanently retain this service.

We urge the Committee to support SB0003.

Sincerely,

Miriam Avins  
Mia Blom  
Co-chairs, Commission on Sustainability

Cc: Senator Griffith

**SB0003-FAV-DTMG-1-27-21.pdf**

Uploaded by: Bartlett, Olivia

Position: FAV



**Olivia Bartlett, DoTheMostGood Maryland Team**

**Committee:** Finance

**Testimony on:** SB0003 - Preserve Telehealth Access Act of 2021

**POSITION: Favorable**

**Hearing Date:** January 27, 2021

**BILL CONTACT:** Senator Melony Griffith

DoTheMostGood (DTMG) is a progressive grass-roots organization with more than 2500 members who live in a wide range of communities in Montgomery and Frederick Counties, from Bethesda near the DC line north to Frederick and from Poolesville east to Silver Spring and Olney. DTMG supports legislation and activities that keep its members healthy and safe in a clean environment, that support and uplift all members of its communities, and that promote equity across all of our diverse communities. DTMG strongly supports SB0003 because access to affordable health care for all Marylanders is a primary focus for our organization.

SB0003 will make permanent several telehealth provisions of the Medical Assistance Program. The Program was enacted as temporary emergency legislation to help Marylanders during the current coronavirus crisis. The Program allows the use of reimbursable telehealth visits for medical needs when consumers are unable to access health care at a traditional medical facility because of coronavirus closures. Telehealth services continue to fill a vital role in Maryland's health care needs, allowing medical and behavioral health treatment in a safe and secure manner.

Enacting SB0003 and making telehealth services permanent will have the added benefit of allowing constituents who previously were not able to receive in-person treatment because of disabilities, lack of transportation, lack of childcare, or the inability to take time off work to obtain needed medical advice via the telephone. Many members of racial and ethnic minorities have inadequate access to medical and behavioral health services, and this has been exacerbated during the pandemic in which their groups have been disproportionately adversely affected. Providing access to telehealth services will provide essential support to these communities.

Telehealth is also a lifeline for those with mental health issues and those who need substance use disorder treatments during the COVID-19 pandemic and afterwards. Reimbursement of telehealth visits at the same rate as in-person visits particularly helps to address the shortage of behavioral health and primary care providers and will facilitate treatment for the most vulnerable in our communities.

Therefore, DoTheMostGood strongly recommends a **FAVORABLE** report on SB0003.

Respectfully submitted,  
Olivia Bartlett  
Co-lead, DoTheMostGood Maryland Team  
[oliviabartlett@verizon.net](mailto:oliviabartlett@verizon.net)  
240-751-5599



**4b - FIN - SB 3 - Preserve Telehealth Access Act o**

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: FAV



# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

January 27, 2021

The Honorable Delores G. Kelley  
Chair, Finance Committee  
3 East Miller Office Building  
Annapolis, MD 21401-1991

**RE: SB 3 – Preserve Telehealth Access Act of 2021 – Letter of Support**

Dear Chair Kelley and Committee members:

The Maryland Board of Nursing (“the Board”) respectfully submits this letter of support for SB 3 – Preserve Telehealth Access Act of 2021. This bill authorizes health care practitioners to provide care utilizing telehealth services through either synchronous or asynchronous interactions, audio-only conversations, or remote patient monitoring services.

The Board feels that this bill has substantial value at promoting access to care, particularly during this time of COVID, but also for the already underserved rural communities. By expanding telehealth capabilities to include audio-only services, health care practitioners have a wider reach to engage and treat individuals. The bill establishes the standard for practice of telehealth and proactively addresses patient safety concerns by requiring that a health care practitioner providing telehealth services be held to the same standards of practice that are applicable to inpatient settings.

This bill aligns with Maryland’s Nurse Licensure Compact which allows nurses the privilege to practice in other compact states through telehealth. Currently, these nurses which include nurse practitioners, can practice in a compact state and are required to practice according to the statutes and regulations governing nursing practice in that state.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of support for SB 3.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 ([iman.farid@maryland.gov](mailto:iman.farid@maryland.gov)) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 ([rhonda.scott2@maryland.gov](mailto:rhonda.scott2@maryland.gov)).

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hicks", written in a cursive style.

Gary N. Hicks  
Board President

***The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.***

**PJC\_Support\_SB 3.pdf**

Uploaded by: Black, Ashley

Position: FAV



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**SB 3**  
**Preserve Telehealth Access Act of 2021**  
**Hearing of the Senate Finance Committee**  
**January 27, 2021**  
**1:00 PM**

**SUPPORT**

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. PJC strongly supports SB 3, which would preserve telehealth access for Maryland Medical Assistance (Medicaid) patients and expand the definition of telehealth to include audio-only conversations for private insurance.

**Telehealth reduces barriers to accessing quality healthcare for Medicaid patients.** Due to the COVID-19 pandemic, Governor Hogan issued emergency legislation and Maryland received federal waivers to expand Medicaid telehealth services coverage. These changes transformed the way Medicaid and CHIP beneficiaries access care. Between February to April 2020, services delivered via telehealth among Medicaid and CHIP beneficiaries rose by 2,632% across the country compared to March to June 2019.<sup>1</sup> This rise in services was the highest among working age adults, children and seniors.<sup>2</sup> Maryland must continue providing care options that enable patients to receive medically necessary acute, primary and specialty care and minimizes the risk of COVID-19 infection for patients and providers.

**Expanding the “telehealth” definition enables patients to access care wherever they are.** The COVID-19 pandemic has transformed the way that patients access care. Patients who lack access to transportation or are at high risk for COVID-19 health complications if they contract the virus, including seniors and individuals with disabilities, may not be able to safely visit a provider in person. Likewise, Medicaid and CHIP patients without internet access would be disproportionately impacted if telehealth services were restricted. The availability of

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<sup>1</sup> Centers for Medicare & Medicaid Services, *Services Delivered via Telehealth Among Medicaid & CHIP Beneficiaries during COVID-19* (2020), <https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-COVID-19-snapshot-data-through-20200630.pdf>.

<sup>2</sup> *Id.*

asynchronous telehealth and audio-only conversations could mean the difference between life and death for a patient who cannot attend an in-person appointment. SB 3 would not only support continuity in patient care and health equity, but it would also ensure that providers are reimbursed for the care that they provide.

SB 3 would also expand the definition of “telehealth” to include audio-only conversations for private insurance programs. While private insurance programs reimburse telehealth services, audio-only conversations are excluded from coverage under state law. This practice does not consider that many patients covered by private insurance may reside in a healthcare desert where locating a primary or specialty care physician is challenging and may not have access to a stable internet connection. Access to a full range of telehealth options should not depend on the patient’s insurance source. To promote health equity and equal access for patients regardless of insurance source, private insurance should cover audio only conversations.

For the foregoing reasons, the PJC **SUPPORTS SB 3** and urges a **FAVORABLE** report. Should you have any questions, please contact Ashley Black at (410) 625-9409, ext. 224 or [blacka@publicjustice.org](mailto:blacka@publicjustice.org).

# **SB 3\_RHEAM\_Support.pdf**

Uploaded by: Black, Ashley

Position: FAV



**Andrea Williams-Muhammad, Co-Chair**

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### **SB 3**

#### **Preserve Telehealth Access Act of 2021 Hearing of the Senate Finance Committee**

**January 27, 2021**

**1:00 PM**

### **SUPPORT**

The Reproductive Health Equity Alliance of Maryland is a cohort of community-based birth workers, policy and legal advocates, and organizations focusing on reproductive justice, pregnancy and infant health. We aim to reduce pregnancy and infant health disparities in Maryland's Black, Brown and immigrant communities by advocating for evidence-based legislative and policy solutions that expand access to quality health options designed to build healthy and stable families of color. We strongly support SB 3, which would preserve telehealth access for Medicaid patients, reimburse clinicians for their services, and expand the definition of "telehealth" for private insurance to include audio-only conversations.

Telehealth is a tool that can aid the state in driving down its maternal and infant mortality rate. Black birthing persons and infants die at rates higher than their white counterparts. In Maryland, the Black maternal mortality rate (MMR) is 4 times higher than the white MMR. Compared to the 2008-2012 data, the 2013-2017 data (most recently available data) shows that the white MMR decreased by 35.4% while the Black MMR increased by 11.9%.<sup>1</sup> The recent decrease in Maryland's overall MMR rate is a result of the decrease in white MMR.<sup>2</sup> Though there was a 9% decrease in Black infant mortality between 2017 and 2018, the Black infant mortality rate (10.2) is still much higher than the white infant mortality rate (4.1).<sup>3</sup> For both Black birthing persons and infants, early detection and continuity in care can help reduce mortality rates. In fact, birthing persons who do not receive prenatal care are 3 to 4 times more likely to die from pregnancy related complications than birthing persons who do receive prenatal care.<sup>4</sup>

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<sup>1</sup> Maryland Department of Health, *Maryland Maternal Mortality Review 2019 Annual Report* (2020), <https://phpa.health.maryland.gov/mch/Documents/Health-General%20Article,%20%C2%A713-1207,%20Annotated%20Code%20of%20Maryland%20-%202019%20Annual%20Report%20%E2%80%93%20Maryland%20Maternal%20Mortality%20Review.pdf>.

<sup>2</sup> *Id.*

<sup>3</sup> Maryland Department of Health, *Maryland Vital Statistics: Infant Mortality in Maryland, 2018* (2019), [https://health.maryland.gov/vsa/Documents/Infant\\_Mortality\\_Report\\_2018.pdf](https://health.maryland.gov/vsa/Documents/Infant_Mortality_Report_2018.pdf).

<sup>4</sup> Chang J, Elam-Evans LD, Berg CJ, et al. Pregnancy-related mortality surveillance—United States, 1991-1999. *MMWR Surveill Summ* 2003;52(2):1-8.



The COVID-19 pandemic has dramatically changed the ways in which patients access reproductive and infant health care. The expansion of telehealth for Medicaid patients makes it possible for patients who live in reproductive health care deserts or are at high-risk for COVID-19 complications to access primary, somatic and specialty care. Likewise, expanding the definition of “telehealth” for private insurance to include audio-only conversations will enable physicians to connect quickly with patients experiencing pregnancy or infant health complications and adjust their care accordingly. SB 3 supports birthing individuals and families in choosing where and how they receive care and ensures that clinicians are reimbursed for these services.

For these reasons, we urge the committee to issue a **favorable** report on **SB 3**. Thank you for your time and consideration. Please do not hesitate to contact Andrea Williams-Muhammad at 443-452-7283 or [andnic.williams@gmail.com](mailto:andnic.williams@gmail.com) or Ashley Black at 410-625-9409, ext. 224 or [blacka@publicjustice.org](mailto:blacka@publicjustice.org) if you have any questions about this testimony.

**SB0003 MD NARAL SUPPORT.pdf**

Uploaded by: Blalock, Isabel

Position: FAV



### **SB0003 – Preserve Telehealth Access Act of 2021**

Presented to the Honorable Dolores Kelley and Members of the Senate Finance Committee  
January 27, 2021 1:00 p.m.

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#### **POSITION: SUPPORT**

NARAL Pro-Choice Maryland **urges the Senate Finance Committee to issue a favorable report on SB0003 – Preserve Telehealth Access Act of 2021**, sponsored by Senator Melony Griffith.

Our organization is an advocate for reproductive health, rights, and justice. We seek to make all forms of healthcare as accessible as possible, and to protect the right to basic healthcare. Healthcare access is more important now than ever due to the COVID-19 pandemic, with the rise of cases and deaths in Maryland. Improved access to healthcare and healthcare coverage would not only lessen the continuing spread of COVID-19, it would help improve overall health outcomes in Maryland long after the pandemic has subsided.

Healthcare access and reproductive justice are intrinsically linked. Adverse health conditions will always more negatively affect lower-income women and people of color. For example, Black and Indigenous women often receive less medical intervention for pain management, leading to failed healing of surgical procedures or injuries<sup>i</sup>. Low socioeconomic status is also linked to such negative health outcomes as low birth weight, diabetes, depression, low life expectancy and heart attacks<sup>ii</sup>. Furthermore, in 2019 the Black maternal mortality rate was 3.7 times higher than that of white mothers in Maryland<sup>iii</sup>. These numbers are predicated on centuries-long medical malpractices and systemic racism, dating back to medical experiments performed on non-consenting Black people in 19<sup>th</sup> and 20<sup>th</sup> century America. Maryland residents are continuing to seek medical care for chronic illness, timely pregnancy care, primary care, and emergency visits during a global pandemic and should be able to receive health-related services and coverage in the safest means possible.

The provisions in SB0003 will accommodate healthcare needs for the general Maryland population, as well as those most vulnerable, while mitigating the spread of COVID-19. It is our job as a reproductive justice-centered organization to advocate for barrier-free healthcare access for all. Requiring patients to seek telehealth providers for their medical needs based only on what is covered by their insurance is an undue burden. That is why we support the passage of this bill, and agree that health insurance should cover telehealth appointments from any type of medical appointment and provider.

The Maryland Medical Assistance Program will also be a vital tool in providing Maryland residents with COVID-safe, chronic condition management services and tracking the care and health outcomes for recipients of the Program. It is important to collect this data in order to better understand how to serve the healthcare needs of Marylanders in the future, and to track the nature of COVID-19 while expanding accessibility to telehealth. The use of telehealth services has already proven helpful in lessening the spread of COVID-19 and should continue to be used to further mitigate the worsening conditions of the pandemic.

We are continuing to face a health crisis as a state, and provisions like those in SB0003 will ensure that the most underserved Maryland communities have accessible and affordable healthcare. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0003**. Thank you for your time and consideration.

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<sup>i</sup> Ray, Keisha (2016). Inefficient pain management for black patients shows that there is a fine line between 'inhumane' and 'superhuman'. Retrieved <https://www.bioethics.net/2016/05/inefficient-pain-management-for-black-patients-shows-that-there-is-a-fine-line-between-inhumane-and-superhuman/>

<sup>ii</sup> Keita, Gwendolyn Puryear (2014). Improving the health of low-income populations. American Psychological Association. Retrieved from <https://www.apa.org/monitor/2014/03/itpi#:~:text=Evidence%20has%20shown%20the%20critical,and%20lower%20self-rated%20health.>

<sup>iii</sup> Maryland Maternal Mortality Review 2018 Annual Report (2018).

**SB3 and SB393 Telehealth bills\_SUPPORT.pdf**

Uploaded by: Breidenstine, Adrienne

Position: FAV



January 27, 2021

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

*SB 3 Preserve Telehealth Access Act of 2021*

and

*SB 393 Maryland Medical Assistance Program and Health Insurance – Coverage and Reimbursement of Telehealth Services*

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

**BHSB is pleased to support SB 3 Preserve Telehealth Access Act of 2021 and SB 393 Maryland Medical Assistance Program and Health Insurance – Coverage and Reimbursement of Telehealth Services.**

The use of telehealth for behavioral health treatment and support services provides people with safe, flexible access to care and helps to address racial inequities that limit access to care for people of color. Telehealth is an important part of a health care delivery system to ensure that individuals receive care in the least restrictive, more cost-effective setting that is best situated to promote long-term recovery.

In addition, the expanded use of telehealth has been a critical component in Maryland’s effort to mitigate spread of the coronavirus. Increased flexibility in the delivery of these services has protected providers and consumers from exposure to the virus, ensured continuity of care for Marylanders unable to access in-person treatment, and increased overall access to care. The service expansion has become a vital part of Maryland’s continuum of care and it must be preserved.

These bills are similar in several ways:

- Both expand access to audio-only telehealth in Medicaid and commercial health plans. This is an important health equity issue. Low-income individuals and families without access to the internet or smartphones and people living in communities with poor broadband service are unable to access audio-visual telehealth services.
- Both prohibit Medicaid from limiting the delivery of telehealth based on the location of the recipient. This is particularly important for Marylanders experiencing homelessness and for individuals who may not feel safe accessing behavioral health treatment in their home.
- Both require commercial health plans to reimburse providers for telehealth services at the same rate as in-person care.

SB 393 includes some very important additional provisions:

- It authorizes reimbursement of behavioral health programs for telehealth services delivered by peers (people with lived experience) and paraprofessionals – two critical sectors of the behavioral health workforce.
- It protects consumer choice by providing another behavioral health care delivery option along the continuum of care.
- It extends reimbursement parity to telehealth services provide in the Medicaid program.

Telehealth expands access behavioral health treatment and improves care outcomes, makes it easier for consumers to connect with their providers, and helps cut costs to consumers and providers alike. **As such, BHSB urges the Senate Finance Committee to pass SB 3 and SB 393.**

# **SB 3 Preserve Telehealth Access Act.pdf**

Uploaded by: Bresnahan, Tammy

Position: FAV





200 St. Paul Place, #2510 | Baltimore, MD 21202  
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facebook.com/aarpmid

**SB 3 Preserve Telehealth Access Act of 2021**  
**Support**  
**Senate Finance Committee**  
**January 27, 2021**

Good Afternoon Chairwoman Kelley and Vice Chairman Feldman and members of the Senate Finance Committee. My name is Tammy Bresnahan and I am the Director of Advocacy for AARP MD. As you may know, AARP Maryland is one of the largest membership-based organizations in Maryland, encompassing over 850,000 members. I am here today representing AARP MD and its members in support of **SB 3 Preserve Telehealth Access Health**.

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

Senate Bill 3 requires Medicaid to provide health care services appropriately delivered through “telehealth” to program recipients regardless of their location at the time telehealth services are provided and allow a “distant site provider” to provide health care services to a recipient from any location at which the services may be appropriately delivered through telehealth. The bill expands the definitions of “telehealth” for both Medicaid and private insurance. Insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) must reimburse for a covered service appropriately provided through telehealth on the same basis and at the same rate as if delivered in person. A carrier may not impose as a condition of reimbursement for a telehealth service that the service be provided by a provider designated by the carrier. The bill’s insurance provisions apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2022.

Telehealth holds great potential for helping older Marylanders looking to maintain their independence and enjoy living at home longer. It offers a range of options to make healthcare easier and more accessible. From tracking vital signs with remote monitoring devices, to communicating easily with a nurse through a web portal, to receiving on-the-spot care from a doctor via video chat, telehealth aims to make life easier.

Telehealth also shows great potential for making healthcare more affordable, convenient, and self-directed, which may explain its rapid growth. For many caregivers, finding time to help manage their older family member’s health issues can be difficult. Accompanying family/partners/friends to frequent doctor’s appointments, coordinating care, and managing health records can prove challenging. Thankfully, telehealth makes the process easier for both older Marylanders and their caregivers, helping both keep their independence.

AARP  
Real Possibilities

AARP MD encourages state governments to pass laws that encourage coverage and payment of telehealth services (including by removing unnecessary restrictions that limit beneficiary access) for eligible beneficiaries to improve access and the quality of care, allow patients to remain safely in the community, and assist with care transitions from institutional to community settings.

AARP supports SB 3 Preserve Telehealth Access Act and respectfully requests the Finance Committee issue a favorable report. For questions please contact Tammy Bresnahan at [tbresnahan@arp.org](mailto:tbresnahan@arp.org).

# **APTA MD - Support - SB3 - Preserve Telehealth Acce**

Uploaded by: Brocato, Barbara

Position: FAV

# APTA Maryland

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January 27, 2021

The Honorable Delores Kelley, Chair  
Senate Finance Committee  
3 East, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

## RE: Senate Bill 3 – Preserve Telehealth Act of 2021 - SUPPORT

### Senate Bill 393 - Maryland Medical Assistance Program and Health Insurance - Coverage and Reimbursement of Telehealth Services

Dear Chair Kelley,

The American Physical Therapy Association Maryland is writing to register our strong support of Senate Bill 3 and Senate Bill 393

Among the provisions of SB3 and SB393, it makes clarifications to the State Medicaid program by broadly defining where patients can be cared for via telehealth including in their homes and will also allow for audio only communication. The bill additionally requires commercial

### Telehealth and Implications for Physical Therapy Practice

The COVID-19 pandemic has forced health care providers and payers to reconsider how care is delivered in order to reduce the risk of further spreading infection. Access to telehealth has become of paramount importance to ensure the safety of patients and their physical therapy providers. For the duration of this public health emergency, states and many private payers have created telehealth policies that have ensured access to the health care, including physical therapy, that patients need.

While telehealth has played a crucial role in providing needed care during the pandemic, it has become increasingly clear that its many benefits can be utilized well beyond the immediate COVID-19 health emergency. For patients who have difficulty leaving their homes without assistance, have underlying health conditions, lack transportation, or would need to travel long distances, the ability to access physical therapy via telehealth greatly reduces the burden on the patient and family when accessing care.

Telehealth is particularly well-suited for physical therapy, especially when used as an enhancement to services rather than exclusively as a replacement. Education and home exercise programs, including those focused on falls prevention, function particularly well with telehealth because the physical therapist is able to evaluate and treat the patient within the real-life context of their home environment, which is not easily replicable in

the clinic. Patient and caregiver self-efficacy are inherent goals of care provided by physical therapists. A patient's and/or caregiver's ability to interact in their own environment with a therapist when they are facing a challenge, rather than waiting for the next appointment, can be invaluable in supporting the adoption of effective strategies to improve function, enhance safety, and promote engagement.

### **Payment Parity**

Payment parity for telehealth is critical, for several reasons. First, most of the cost of a service is attributed to the work relative value unit (RVU) of the Current Procedural Terminology (CPT®) code. Accordingly, the work RVU does not change when care is delivered via telehealth. Second, the practice expense may actually be higher when providing care via telehealth. Although a provider may offer some services via telecommunications technology, they most likely **also** are continuing to provide in-person care in an office. Delivering care via telecommunications technology requires an ongoing investment in technology, IT support, HIPAA-compliant telehealth platforms, and more. Accordingly, the practice expense for telehealth is higher in many instances. Third, liability and malpractice risks are similar to those for in-person services — and may even incur additional costs. For instance, some liability insurers will require providers to purchase a supplemental telehealth insurance policy.

**APTA Maryland supports legislation or regulations that would PERMANENTLY allow all physical therapy providers to use telehealth as well as require coverage and reimbursement under Medicaid, Worker's Compensation, and commercial plans to the same extent as for physical therapist services furnished in-person.**

**For the reasons noted above we ask for a favorable report on Senate Bill 3 and Senate Bill 393.**

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Platt", with a stylized flourish at the end.

Kevin Platt, PT, DPT, MBA  
President, APTA Maryland

# **MAND SB 3 - Preserve Telehealth Act of 2021 - Supp**

Uploaded by: Brocato, Barbara

Position: FAV

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## MARYLAND ACADEMY OF NUTRITION AND DIETETICS



**Date:** January 27, 2021  
**Bill:** Senate Bill 3 – Preserve Telehealth Act of 2021  
**Committee:** Senate Finance Committee  
The Honorable Delores Kelley, Chair  
**Position:** Support

The Maryland Academy of Nutrition and Dietetics (MAND), is an organization representing approximately 1,200 licensed dietitians and nutritionists, dietetic interns, and students within the state of Maryland.

Senate Bill 3 makes clarifications to the State Medicaid program by broadly defining where patients can be cared for via telehealth including in their homes and will also allow for audio only communication. The bill additionally requires commercial insurers to pay the same for telehealth visits as they do for in person visits and to allow for audio only communication.

In the midst of the COVID-19 pandemic, now more than ever, the Academy of Nutrition and Dietetics believes it is vital to ensure everyone has timely, continuous access to safe, effective nutrition services that can improve their health and manage their chronic diseases. Registered dietitian nutritionists are recognized by the National Academy of Medicine (formerly Institute of Medicine) as the most qualified food and nutrition service providers. Studies show MNT provided by an RDN is linked to improved clinical outcomes and reduced costs related to physician's time, medication use and hospital admissions for people with obesity, diabetes and disorders of lipid metabolism, as well as other chronic diseases.

The Academy urges state Medicaid programs and private payers that are not already covering nutrition services provided via telehealth by registered dietitian nutritionists to immediately remove those limitations. This bill would address potential telehealth access to care issues by extending telehealth provisions enacted in Maryland in the context of the COVID-19 pandemic, thereby enabling Marylanders to better access health care services, especially in areas that lack broadband access infrastructure or broadband affordability.

MAND stands ready as a resource and partner in this important undertaking. Thank you for your consideration of our comments. We respectfully ask for a FAVORABLE report on Senate Bill 3.

Dr. Glenda L. Lindsey , Dr. PH, MS, RDN, LDN  
Public Policy Coordinator  
Public Policy Panel

Helene Fletcher MS, RDN, LDN  
MAND President

# **Maryland Psychological Association - SB3 Telehealth**

Uploaded by: Brocato, Barbara

Position: FAV





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January 12, 2021

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Senator Delores G. Kelley, Chair  
Finance Committee  
Maryland Senate  
11 Bladen Street  
3 East Miller Senate Office Building  
Annapolis, MD 21401

**Bill:** SB0003- Preserve Telehealth Access Act of 2021

**Position: Support**

Dear Chair, Vice-Chair, and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, would like to offer its strong support for Senate Bill 0003. SB 0003 recognizes the important role of telehealth in the healthcare delivery system. Telehealth has proved to be an effective platform for treatment of many health/mental health care conditions. Research has demonstrated that the provision of health services through telehealth is as effective as provision through in-person meetings for many conditions.

Telehealth allows increased access to care for all individuals and is especially useful in reducing barriers to care for the underserved and those who live in rural areas.

SB 0003 maintains specific provisions which have been temporarily allowed during this Public Health Emergency. For example, SB 0003:

- **Removes specific originating site requirements** which limits access to care (e.g., patients can receive appropriate services at home or another appropriate location);
- **Allows for the continuation of service delivery through audio-only** means when deemed appropriate – this is a critical access to care issue given that many individuals do not have access to computers or other electronic devices and thereby would otherwise suffer an unintended discrimination by being unable to receive needed services via telehealth;
- **Supports appropriate access to care** by requiring insurance companies and other payers to reimburse telehealth services at the same rate and under the same conditions as if they were delivered in person.

For these, and many other reasons, the Maryland Psychological Association asks for a **FAVORABLE** report on Senate Bill 0003.

Please feel free to contact MPA's Executive Director Stefanie Reeves at [exec@marylandpsychology.org](mailto:exec@marylandpsychology.org) if we can be of assistance.

Sincerely,

*Esther Finglass*  
Esther Finglass, Ph.D.  
President

*R. Patrick Savage*  
R. Patrick Savage, Jr., Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs

**SB3\_Hopkins.PPMCO.Coble\_Support.pdf**

Uploaded by: Coble, Annie

Position: FAV

TO: The Honorable Delores Kelley, Chair  
Senate Finance Committee

FROM: Annie Coble  
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: January 27, 2021

Priority Partners offers its **support** to **Senate Bill 3 Preserve Telehealth Access Act of 2021**. Priority Partners MCO (PPMCO) is the largest Medicaid managed care organization (MCO) in the State with over 324,000 members in the HealthChoice programs. Priority Partners is owned jointly by Johns Hopkins Health Care LLC and Maryland Community Health System, which consists of 7 Federally Qualified Health Centers. It has the distinction of being the only MCO with all staff and operations based in Maryland.

The Preserve Telehealth Access Act ensures the extension of four policy changes that continue to remove barriers to telehealth, thus allowing greater access to healthcare for all Marylanders. All of the policy changes are important, but PPMCO's data shows the ability to use audio only telehealth to be particularly valuable for Medicaid recipients.

At the start of the COVID-19 pandemic, telehealth claims increased from 61 total claims in February 2020 to a high of 29,817 claims in May of 2020. Throughout the pandemic, 30% of all telehealth claims have been for audio-only services for this population. This is not surprising as the Medicaid members are lower income, and PPMCO serves a large portion of the Eastern Shore. Both, lower income and residents on the Eastern Shore, have problems accessing internet needed to complete audio-visual telehealth. If reimbursement for audio-only services does not continue, these Marylanders will not have access to care.

As an MCO in the HealthChoice program, ensuring our members have access to quality care is a top priority. Telehealth, and audio-only, has become a vital tool in providing quality care to all Marylanders and we cannot move backwards.

For these reasons and others, Priority Partners urges a favorable report on **SB 3 Preserve Telehealth Access Act of 2021**.

**BaltimoreCounty\_FAV\_SB0003.pdf**

Uploaded by: Conner, Charles

Position: FAV



JOHN A. OLSZEWSKI, JR.  
*County Executive*

CHARLES R. CONNER III, ESQ.  
*Director of Government Affairs*

JOEL N. BELLER  
*Deputy Director of Government Affairs*

**BILL NO.:**            **SB 3**

**TITLE:**                **Preserve Telehealth Access Act of 2021**

**SPONSOR:**           **Senator Griffith**

**COMMITTEE:**       **Finance**

**POSITION:**         **SUPPORT**

**DATE:**               **January 27, 2021**

Baltimore County **SUPPORTS** Senate Bill 3 – Preserve Telehealth Access Act of 2021. This legislation would expand services provided by the Maryland Medical Assistance Program through telehealth.

The COVID-19 pandemic has not only highlighted the necessity for more available remote treatment options, but has also proven the feasibility of options that had not previously been widely used. Accommodations are currently being made to allow the widespread use of audio-only telehealth services to reduce the burden on in-person facilities during the pandemic. However, the practicability of this service extends beyond times of public health emergencies.

Audio-only telehealth services were shown not only to be an effective means of care in certain circumstances, but have also reduce disparities in healthcare access due to service costs, language gaps, or physical distance from the nearest doctor. Expanding accessibility to essential services is a long-standing priority of Baltimore County. SB 3 would further the mission towards this critical goal by adjusting the Maryland Medical Assistance Program to include audio-only telehealth services. In effect, this legislation would support an equitable and accessibly form of healthcare in perpetuity.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 3. For more information, please contact Chuck Conner, Director of Government Affairs, at [cconner@baltimorecountymd.gov](mailto:cconner@baltimorecountymd.gov).

**2021 SB 3 NAMI-FAV.pdf**

Uploaded by: Cyphers, Moira

Position: FAV

January 28, 2021

**Senate Bill 3 – Preserve Telehealth Access Act of 2021 - SUPPORT**

Chair Kelley, Vice Chair Feldman, and members of the Senate Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

NAMI fights for policies to ensure people get the best possible care. About one in five Americans experience a mental health condition, but only half receive treatment. Comprehensive coverage of mental health care should be the standard for everyone in our country, along with access to quality treatment when and where people need it. Telehealth is an excellent example of all of the above, and as we've seen with the pandemic, have become invaluable to continuing behavioral health care during the COVID-19 pandemic – even more so after state and federal regulators took additional steps to expand access to telehealth for Marylanders.

Please protect these expansions – telehealth has been a lifeline for seniors, families, children, those with disabilities or in rural and underserved communities to stay well and access affordable care.

The telehealth expansions NAMI Maryland supports include:

- Audio-only telehealth where appropriate. Not everyone has the same access to technology and everyone needs to receive care whether or not their wi-fi is strong. Almost half a million Marylanders lack access to high speed internet.
- Remove originating and distant site restrictions – meet patients where they are. Feeling safe is of the utmost importance for behavioral health patients.
- Allow the same reimbursement for clinically necessary services.
- Parity. Prevent health insurance carriers from restricting access to telehealth services for mental health or substance use issues.

In addition to the expansions in SB 3, we urge the committee to include important provisions from SB 393, too:

- Access for Marylanders enrolled in Medicaid to continue telehealth services by extending reimbursement parity for Medicaid providers.
- Reimbursement for peers and paraprofessionals – behavioral health workers who ensure individuals can access the care they need and receive mental health treatment and connections to additional services as needed.
- Protects consumer choice, ensuring that a patient may not be required to use telehealth in lieu of an in-person visit.

This legislation focuses on increasing access to health care where it's most needed – safely, in the homes of Marylanders during the pandemic. Please preserve the telehealth expansions above to ensure the best continuity of care possible. For these reasons, NAMI Maryland asks for a favorable report on SB 3.

Kathryn S. Farinholt  
Executive Director  
National Alliance on Mental Illness, Maryland

**Contact:** Moira Cyphers  
Compass Government Relations  
MCyphers@compassadvocacy.com

**SB3 Preserve Telehealth Access Act of 2021.pdf**

Uploaded by: Doyle, Lori

Position: FAV





**Testimony on SB 3  
Preserve Telehealth Access Act of 2021**

Senate Finance Committee

January 27, 2021

**POSITION: SUPPORT**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 95 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

The combined impacts of the COVID pandemic and a workforce crisis that predated the pandemic require creative thinking and an expanded use of technology in order to meet current and projected demand for behavioral health services. The technology solutions required include the use of video and audio-only telehealth and remote patient monitoring (RPM).

The use of video and audio-only telehealth proved to be a literal life saver throughout the COVID crisis. Governor Hogan's executive orders allowed for the flexibility required to meet the needs of Medicaid recipients who would otherwise have gone without treatment due to distancing requirements, transportation difficulties and quarantine restrictions. Additionally, many of our clients lack the financial means to purchase smart phones or other video technology and the data plans to support them. Others live in rural areas where broadband coverage is spotty at best. Without ongoing supports through audio-only telehealth these individuals would have had great difficulty in accessing needed medications and therapy. And multiple surveys of practitioners and clients – conducted by the Behavioral Health Administration and provider associations – found high satisfaction ratings for telehealth among both practitioners and recipients.

**While the pandemic jump-started our use of video and audio-only telehealth, the use of RPM in Maryland continues to lag behind.** Our members struggle to hire paraprofessional staff to render important services such as medication monitoring. Many now rely on a technology that allows clients to download their meds in their own homes. Staff are alerted when the meds are downloaded so they can focus their limited time and attention on those clients who are struggling with medication adherence, an almost certain precursor to negative outcomes, such as emergency department and inpatient utilization. Maryland's regulations currently restrict the use of RPM to three health conditions (congestive heart failure, chronic obstructive pulmonary disease and diabetes) – although the regs identify the target populations as "high-risk, chronically ill individuals," a definition that certainly includes those with serious mental illness - and precludes payment for the durable medical equipment or apparatus involved. As the workforce crisis continues to deepen we must look to technologies, such as RPM, as staff extenders.

We urge a favorable report on SB 3.

**2021 ACNM SB 3 Senate Side.pdf**

Uploaded by: Elliott, Robyn

Position: FAV



**Committee:** Senate Finance Committee  
**Bill Title:** Senate Bill 3 – Preserve Telehealth Act of 2021  
**Hearing Date:** January 27, 2021  
**Position:** Support

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) strongly supports *Senate Bill 3 – Preserve Telehealth Act of 2021*. The bill is critical for ensuring that reimbursement continues to support telehealth services for our patients after the pandemic.

In providing services to women, certified nurse-midwives (CNMs) and other health care practitioners can use telehealth technology to increase access to care. Some examples are:

- **Hypertension – Prenatal and Post-Partum:** Telehealth, including remote patient monitoring, is a strategy for addressing hypertension for women in both prenatal and postpartum care. It allows for more frequent monitoring and clinical intervention than regular in-person visits.<sup>i</sup> A recent peer-reviewed research study showed that remote patient monitoring reduced prenatal admissions and induced labor for women with gestational hypertension.<sup>ii</sup>
- **Lowering Pregnancy Stress:** The Mayo Clinic’s “OB Nest” program, which includes several uses of telehealth communication resulted in lower pregnancy stress and higher patient satisfaction.<sup>iii</sup>
- **PrEP:** Telehealth is being used to increase access to PrEP.<sup>iv</sup>

We need consistent and fair reimbursement rules in order to continue to implement telehealth innovation across the health care spectrum, including somatic, behavioral health, and dental. We ask for a favorable report. If we can provide any further assistance, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443

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<sup>i</sup> Hoppe, Kara et al. Telehealth with remote blood pressure monitoring for postpartum hypertension: A prospective single-cohort feasibility study. *Pregnancy Hypertension*. [Volume 15](#), January 2019, Pages 171-176.

<sup>ii</sup> Lanssens, Dorien et al. The impact of a remote monitoring program on the prenatal follow-up of women with gestational hypertensive disorders. [Obstetrics & Gynecology and Reproductive Biology](#) [Volume 223](#), April 2018.

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<sup>iii</sup> Butler Tobah, Yvonne et al. Randomized comparison of a reduced-visit prenatal care model enhanced with remote monitoring. American Journal of Obstetrics and Gynecology. December 2019.

<sup>iv</sup> Touger, R. & Wood, B.R. Curr HIV/AIDS Rep (2019) 16: 113. <https://doi.org/10.1007/s11904-019-00430-z>.

**2021 MASBHC SB 3 Senate Side.docx.pdf**

Uploaded by: Elliott, Robyn

Position: FAV



**Committee:** Senate Finance Committee

**Bill:** Senate Bill 3 – Preserve Telehealth Act of 2021

**Date:** January 27, 2020

**Position:** Support

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The Maryland Assembly on School-Based Health Care is in strong support of *Senate Bill 3 – Preserve Telehealth Act of 2021*. The bill supports the provision of telehealth as a strategy to improve health and educational outcomes for students served by school-based health centers. School-based health centers, approved by the Maryland State Department of Education (MSDE), have been able to remain open during the pandemic by continuing to serve students in their homes through telehealth. These services have been critical to support the continuity of care to quarantined students, and providers can also assess if any extra supports are needed because the family may be facing multiple stressors.

MASBHC is advocating for changing State policies to support all school-based health centers to provide telehealth services after the pandemic. In addition to modernizing telehealth rules under MSDE, MASBHC is advocating for a fair and consistent reimbursement policy. During the pandemic, many reimbursement restrictions have been relaxed, and this bill seeks to make those permanent, including:

- Ensuring reimbursement follows the patient, so that the patient may be at the location best suited for them. This policy is critical to ensure school-based health centers can reach students in their homes or the homes of any family members;
- Covering telehealth for somatic, behavioral health, and oral health. The inclusion of all three is critical in order to maintain the overall health of students.
- Providing for reimbursement for audio-only services. This provision is a top priority for our school-based health centers. As we have seen with virtual education, many students struggle with access to computers and broadband. We ask for a favorable vote on this legislation.

If we can provide any additional information, please contact, Robyn Elliott at (443) 926-3443 or [relliott@policypartners.net](mailto:relliott@policypartners.net).

**2021 MCHS SB 3 Senate Side.pdf**

Uploaded by: Elliott, Robyn

Position: FAV



## Maryland Community Health System

**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 3 - Preserve Telehealth Access Act of 2021

**Hearing Date:** January 27, 2021

**Position:** Support

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Maryland Community Health System (MCHS) is in strong support of *Senate Bill 3 – Preserve Telehealth Access Act of 2021*. Telehealth has become an essential component of health care services provided across the spectrum of practitioners. The bill ensures the stability and sustainability of our health care system beyond the pandemic.

**Consumer-Centered:** “As an FQHC, we have to meet people where they are.”<sup>i</sup>

Telehealth is transformative because it places the consumer in the center of the health care system. Consumers can choose how to engage their providers, through telehealth or in-person services, just as long as the care is clinically appropriate. Consumer engagement is reflected in falling no-show rates. For example, one of our FQHCs experienced a two-thirds reduction in no show rates in a five-month period ending in July 2021 in comparison to the prior year. When consumers keep appointments, this means they are getting the care needed to improve their health outcomes.

### Senate Bill 3 Protects Consumer Access

The pandemic has accelerated the adoption of a hybrid model where providers offer both in-person and telehealth services to meet the needs of their patients. The legislation protects health care access by ensuring this model is sustainable after the public health emergency:

- **Ensuring Continuity of Care through Audio-Only Services:** As one of our providers reported, “We treat a lot of patients. If they are poor, if they are old, we may not be able to find out what’s going on with them without a phone.” By providing for continued reimbursement for audio-only services, the bill supports our patients who have the fewest resources, including access to broadband and transportation;



- **Bringing Health Care to the Consumer:** Before the pandemic, there were some Medicaid restrictions on the location of the patient. Generally, patients had to be at a clinical site to receive telehealth services rather than at home. This rule is a vestige from when telehealth was primarily used for primary care providers to consult with specialists. With the pandemic, Medicaid has waived those restrictions, and the bill ensures this flexibility will continue beyond the pandemic;
- **Sustaining the Health Care System with Reasonable Rates:** FQHCs, like many providers, plan to provide both in-person and telehealth services in the future. To sustain this hybrid model, reimbursement rates for telehealth must be equitable. Providers spend the same amount of time with a patient whether the visit is in-person or telehealth. While telehealth visits do not require physical space, they involve clinical preparation for the visit as well as enhanced technological and administrative support to interact with the patient; and
- **Recognizing Telehealth Across the Spectrum of Services:** The bill reflects Medicaid’s expansion of telehealth across all types of care – somatic, behavioral health, and oral health. It is crucial that we recognize the value of telehealth across the full spectrum of services.

We ask for the Committee’s full support of this legislation. We also note that there may be some valuable provisions on other telehealth bills, particularly SB 393, which focuses on the need to ensure parity for behavioral health services. We are committed to working with the Committee and other stakeholders as you review this bill and related telehealth legislation.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

**5850 Waterloo Road, Suite 140, Columbia, Maryland 21045  
410-761-8100**

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<sup>i</sup> A practitioner who serves transgender individuals at an FQHC

**2021 MDAC SB 3 Senate Side.pdf**

Uploaded by: Elliott, Robyn

Position: FAV



10015 Old Columbia Road, Suite B-215  
Columbia, Maryland 21046  
www.mdac.us

**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 3 – Preserve Telehealth Access Act of 2021

**Hearing Date:** January 27, 2021

**Position:** Support

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The Maryland Dental Action Coalition (MDAC) strongly supports *Senate Bill 3 – Preserve Telehealth Access Act of 2021*. The bill recognizes that telehealth can improve access to all types of services, including dental services. Since the beginning of the pandemic, the Maryland Medical Assistance Program has reimbursed for tele-dentistry using a procedure code established by the American Dental Association. Medicaid covers dental services for all enrolled children, dually eligible adults under the age of 65, and pregnant women. This summer, Medicaid is expected to add postpartum dental coverage.

Through telehealth during the pandemic, dentists have been able to provide remote consultations and then follow-up with in-person services as necessary. The pandemic will accelerate the implementation of telehealth to address access issues by:

- Connecting patients in remote areas to specialists. This is particular critical in rural areas;
- Providing emergency consults and diverting patients from emergency rooms; and
- Allowing dentist to provide consults to patients who face mobility and transportation issues.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

***Optimal Oral Health for All Marylanders***

# 2021 MFeast SB 3 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 3 – Preserve Telehealth Act of 2021

**Hearing Date:** January 27, 2021

**Position:** Support

Moveable Feast supports *Senate Bill 3 – Preserve Telehealth Act of 2021*. The bill provides for reimbursement of the telehealth services beyond the pandemic. Telehealth is an important strategy in our health care system's efforts to address inequities in health care.

Moveable Feast's mission is to provide medically tailored meals to individuals facing life threatening illnesses to improve their quality of lives. We deliver meals to our clients' homes since many of our clients face transportation and mobility issues. Telehealth is based on a similar principle – bringing health care directly to consumers so that they do not have to navigate scheduling and transportation challenges.

By providing for reimbursement of audio-only services, the bill addresses one of the major barriers to telehealth services. Many individuals and sometimes whole communities do not have access to broadband or computers. Audio-only visits are essential to connect people to the health services they need.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

901 North Milton Avenue, Baltimore, MD 21205 • 410.327.3420 • 410.327.3426 Fax • [www.mfeast.org](http://www.mfeast.org)

*Moveable Feast is a 501 (c)(3) charitable organization, contributions to which are tax-deductible. A copy of our current financial statement is available upon request by contacting our accounting office. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and postage.*

**2021 MNA SB 3 Senate Side.pdf**

Uploaded by: Elliott, Robyn

Position: FAV



**Committee:** Senate Finance  
**Bill Number:** Senate Bill 3  
**Title:** Preserve Telehealth Act of 2021  
**Hearing Date:** January 27, 2021  
**Position:** Support

The Maryland Nurses Association (MNA) supports *Senate Bill 3 – Preserve Telehealth Act of 2021*. The bill provides for fair and consistent reimbursement rules to continue the support of telehealth after the pandemic. We would like to highlight the bill’s support of audio-only visits, which are critical to serve communities without access to broadband or have limited technology resources.

Under our Total Cost of Care Model in Maryland, it is critical that health care providers continue to be able to utilize telehealth to communicate efficiently and effectively with patients. According to the American Hospital Association Center for Health Innovation<sup>i</sup>:

*“Telehealth and digital health care enable a model of care that is ubiquitous and seamless, more affordable and integrated into patients’ lives. In the shift to demand-driven health care, telehealth becomes the patient’s first — and most frequent — point of access for urgent care, triage for emergent conditions, specialty consults, post-discharge management, medication education, behavioral health counseling, chronic care management and more.”*

Telehealth can be used to:

- Increase access to primary care services, urgent care, and specialist services in shortage areas;
- Support facilities and programs in managing the use of their ambulatory care space. If some patients can be treated through telehealth, it is a more efficient use of resources; and
- Increase patient satisfaction. Patients can probably be seen more quickly and without having to take time off from work.

We ask for a favorable report on this legislation. If we can provide additional perspective on telehealth, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

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<sup>i</sup> The American Hospital Association Center for Health Innovation. “Telehealth: A Path to Virtual Integrated Care”. February 2019. [https://www.aha.org/system/files/media/file/2019/02/MarketInsights\\_TeleHealthReport.pdf](https://www.aha.org/system/files/media/file/2019/02/MarketInsights_TeleHealthReport.pdf)

**2021 PPM SB 3 Senate.pdf**

Uploaded by: Elliott, Robyn

Position: FAV



**Support**

**Senate Bill 3- Preserving Access to Telehealth Act of 2021**

Senate Finance Committee

January 27, 2021

Planned Parenthood of Maryland (PPM) supports *Senate Bill 3 – Preserving Access to Telehealth Act of 2021*. The bill provides for fair and consistent reimbursement policies for telehealth after the public health emergency. In particular, the bill provides for payment of audio-only visits, which are critical for individuals without access to computers or broad band.

During the pandemic, PPM has used telehealth to ensure our clients can continue to receive family planning services:

- **PrEP:** Telehealth, including asynchronous platforms, can expand access to PrEP. As with birth control, many individuals may be anxious to ask their providers about PrEP in a face-to-face encounter, so asynchronous communication increases access<sup>i</sup>;
- **Birth Control:** Our patients have continued to receive birth control without the interruption of coming to the office to make a visit. They can receive birth control from a mail order pharmacy or at a local pharmacy;
- **Uncomplicated UTIs:** Some sexually transmitted infections, such as uncomplicated urinary tract infections (UTIs), can be treated without an in-person visit. Untreated UTIs can impact future fertility and result in emergency room visits.

PPM asks for a favorable vote on the bill. We want Maryland to move forward, not backwards, in implementing telehealth. We care about the overall health, beyond birth control, of our patients. They deserve for their health care providers to be utilizing all the available communication tools. If we can provide any further information, please contact Robyn Elliott at (443) 926-3443.

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<sup>i</sup> Touger, R. & Wood, B.R. Curr HIV/AIDS Rep (2019) 16: 113. <https://doi.org/10.1007/s11904-019-00430-z>.

**2021 LCPCM SB 3 Senate Side.pdf**

Uploaded by: Faulkner, Rachael

Position: FAV



**Committee:** Senate Finance Committee  
**Bill Number:** Senate Bill 3  
**Title:** Preserve Telehealth Access Act of 2021  
**Hearing Date:** January 27, 2021  
**Position:** Support

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The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 3 – Preserve Telehealth Access Act of 2021*. This bill would require insurers, including the Maryland Medicaid Program, to reimburse for telehealth services provided through audio-only.

Prior to the current health care pandemic, Marylanders across the state experienced difficulties accessing behavioral health services. The onset of COVID last year has exacerbated that demand for behavioral health services, at a time when we know that there are not enough behavioral health providers overall.

One way licensed clinical professional counselors (LCPC) have adapted over the past year is by providing more services via telehealth. The importance of using technology to continue seeing clients when social distancing and stay at home orders went into effect cannot be overstated. Unfortunately, we know that using video format has not been available to everyone, for a variety of reasons. In instances where clients do not have a smartphone or computer, reliable internet, or sufficient privacy, professional counselors have been able to provide needed services via telephone to clients. This has ensured continuity of care throughout this crisis, and has allowed individuals seeking services for the first time, or returning to care, the ability to access services when they need it.

We know that the ability to provide behavioral health services via telehealth, including audio-only, will continue to be needed and a valuable tool in providing behavioral health services post-COVID.

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](mailto:rfaulkner@policypartners.net) or 410-693-4000.

**2021 MOTA SB 3 Senate Side.pdf**

Uploaded by: Faulkner, Rachael

Position: FAV



# Maryland Occupational Therapy Association

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PO Box 36401 ♦ Towson, Maryland 21286 ♦ [motamembers.org](http://motamembers.org)

**Committee:** Senate Finance Committee  
**Bill Number:** Senate Bill 3  
**Title:** Preserve Telehealth Access Act of 2021  
**Hearing Date:** January 27, 2021  
**Position:** Support

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The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 3 – Preserve Telehealth Access Act of 2021*. This bill makes permanent in law several telehealth provisions permitted during the current health care pandemic.

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. Eliminating Medicaid's originating site requirement that a patient be in a clinical health setting allows occupational therapists the ability to more closely utilize telehealth when providing services to a patient in their home and community.

In addition, being able to do provide services via audio-only means that individuals will have greater access to occupational therapist services. This is especially important as patients of all ages transition back home from a hospital or rehabilitation center and require assistance in home modifications and the use of durable medical equipment.

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](mailto:rfaulkner@policypartners.net) or (410) 693-4000.

**2021 NASW SB 3 Senate Side.pdf**

Uploaded by: Faulkner, Rachael

Position: FAV



**Testimony before the Senate Finance Committee**

**\*\*Support\*\***

**SB 3 –**  
Preserve Telehealth Access Act of 2021

**January 27, 2021**

Maryland's Chapter of the National Association of Social Workers (NASW-MD), which represents professional social workers across the state, supports SB 3 – Preserve Telehealth Access Act of 2021.

The past year has been remarkable for the challenges and stresses which all Marylanders have faced as we have struggled with the health and financial aspects of COVID 19. Social workers provide more mental health services in our country than any other profession and social workers in Maryland have risen to the challenge and pivoted to continue providing quality mental health services while keeping themselves and their clients safe through the use of Telehealth. The process has taught us that telehealth is a vital form of providing care to clients who for one reason or another cannot access a practitioner in person.

This option must continue to be available during the rest of the public health emergency and beyond.

We support any legislation which makes telehealth accessible to more Maryland residents.

**We ask that you give a favorable report on SB 3.**

Respectfully,

Daphne McClellan, Ph.D., MSW  
Executive Director, NASW-MD

5750 Executive Drive, Suite 100, Baltimore, MD 21228  
(410) 788-1066 · FAX (410) 747-0635 · [nasw.md @verizon.net](mailto:nasw.md@verizon.net) · [www.nasw-md.org](http://www.nasw-md.org)



**2021 TCC SB 3 Senate Side.pdf**

Uploaded by: Faulkner, Rachael

Position: FAV



THE COORDINATING CENTER  
INSPIRED SOLUTIONS

**Committee:** Senate Finance Committee  
**Bill Number:** Senate Bill 3  
**Title:** Preserve Telehealth Act of 2021  
**Hearing Date:** January 27, 2021  
**Position:** Support

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The Coordinating Center (The Center) supports *Senate Bill 3 – Preserve Telehealth Access Act of 2021*. This bill would make permanent telehealth services that are audio-only and allow telehealth services to be provided in an individual’s home or community.

The COVID-19 pandemic has been difficult for everyone, especially those receiving home and community-based services, many of whom are immune compromised. Over the past nine months, our staff have been able to safely provide care coordination services to clients in their homes through telehealth, including a mix of video and audio.

As a provider of complex care coordination, it is critical that we continue to protect the health and safety of our clients going forward. Our 200+ care coordinators (i.e., licensed social workers, nurses, and supports planners) are grateful for the flexibility provided by federal and state emergency orders, which recognize our team as essential workers and permit them to work with our 10,000+ clients with disabilities and complex needs via telehealth. These actions permit our team to continue providing essential health services during this crisis while following State of Maryland recommendations on staying home, teleworking, and maintaining physical distancing.

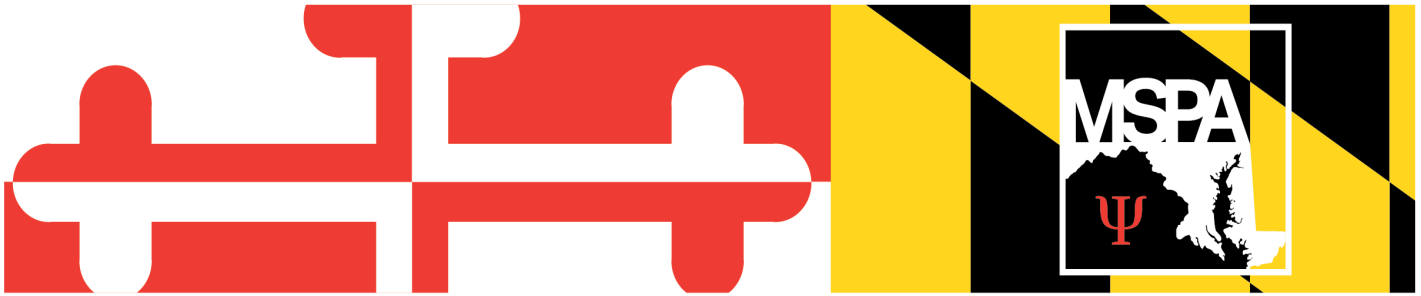
Even when the federal and state emergency orders end, The Center believes the current flexibilities should remain. Our primary concern is the elimination of the “home” being designated as an originating site for care coordination by Maryland Medicaid. If this occurs, our coordinators will need to resume in-person visits at a time when many of our clients and their family caregivers are not eligible for a vaccine, including children with complex medical needs.

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](mailto:rfaulkner@policypartners.net) or (410) 693-4000.

# Senate Bill 3 - Telehealth.pdf

Uploaded by: Faulkner, Rachael

Position: FAV



Senator Delores G. Kelley, Chair  
Senator Brian J. Feldman, Vice Chair  
Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

**Bill: Senate Bill 3 – Preserve Telehealth Access Act of 2021**

**Position: Support**

Dear Chair Kelley, Vice Chair Feldman, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state.

Many Marylanders rely on telehealth to receive care, especially during the pandemic. Students and families who lack transportation options or access to a nearby specialist also benefit from access to telehealth care. CMS reported that telehealth services usage among Medicaid and CHIP beneficiaries rose 2600% between March and June of 2020 when compared to the same period in 2019. Many of Maryland's students and families also lack access to reliable technology and broadband services, which does not allow for the use of HIPAA-compliant video platforms. Allowing the continued use of audio-only telehealth services benefits all Marylanders, but especially those with these specific disadvantages. Senate Bill 3 would also allow for continuity in behavioral health services for students if there is an absence from school or if a student is out for an extended period.

MSPA is in strong support of Senate Bill 3 and we respectfully urge a favorable vote. If we can provide any additional information or be of any assistance, please feel free to contact us at [legislative@mspaonline.org](mailto:legislative@mspaonline.org).

Respectfully submitted,

Kyle Potter, Ph.D., NCSP  
Chair, Legislative Committee  
Maryland School Psychologists' Association

**SB3\_MICUA\_FAV.pdf**

Uploaded by: Fidler, Sara

Position: FAV



Maryland Independent College  
and University Association

**Written Support**

**House Appropriations Committee**

*Senate Bill 3 (Griffith) Preserve Telehealth Access Act of 2021*

**Sara C. Fidler, President**

[sfidler@micua.org](mailto:sfidler@micua.org)

**January 27, 2021**

On behalf of Maryland's independent colleges and universities and the 65,600 students we serve, thank you for the opportunity to provide this testimony in support of *Senate Bill 3 – Preserve Telehealth Access Act of 2021*. The COVID-19 public health emergency has impacted our students right along with the rest of the world. Following Governor Hogan's declaration of a State of Emergency, every MICUA institution took steps to transition to remote instruction. Protocols to prevent contagion, including strategies for quarantine and to continue business operations if the pandemic were to persist, were planned and implemented. By March 20, 2020, all of the MICUA institutions determined that remote instruction would continue for the rest of the spring semester.

As we are all aware, the pandemic has taken a steep toll on students' mental health. Many students are showing signs of increased anxiety and depression as they struggle to navigate a college experience starkly different from what they had envisioned, in addition to dealing with new and complicated socio-economic triggers and sources of stress.

Through our wellness and health centers, MICUA member institutions offer a wide array of services to support and promote student mental health, emotional growth, and well-being. Although in-person classes stopped, our institutions continued to provide remote learning and student support services via telehealth. Some of these support services include virtual wellness programs to deal with issues related to depression, anxiety, relationship problems, substance abuse, academic challenges, social pressures, loss, and many others. Telehealth has been a good resource for college and university students to access health care providers while they are home.

Higher education students are adjusting to a new learning structure without a roadmap. The Coronavirus pandemic has upended traditional health care delivery, and by instituting telemedicine, students stay connected to appropriate services when in need.

***For all of these reasons, MICUA requests a favorable Committee report for Senate Bill 3.***

**SB3- MoCo- DHHS (GA21).pdf**

Uploaded by: Frey, Leslie

Position: FAV



# Montgomery County

## Office of Intergovernmental Relations

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ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

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**SB 3**

**DATE: January 27, 2021**

**SPONSOR: Senator Griffith, *et al.***

**ASSIGNED TO: Finance**

**CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)**

**POSITION: SUPPORT (Department of Health and Human Services)**

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### **Preserve Telehealth Access Act of 2021**

Senate Bill 3 would expand the definition of “telehealth” for both Medicaid and private insurance to importantly include audio-only communications and require that insurance carriers reimburse providers on the same basis and at the same rate for telehealth services as for in-person services.

Montgomery County Department of Health and Human Services (DHHS) strongly supports Senate Bill 3 because of the successes we have experienced with utilizing telehealth, particularly audio-only communications, during the COVID-19 pandemic. Because of the at-times restricted access to health care providers and the general changes in daily life due to COVID-19, providing services such as behavioral health services to County residents via telehealth has ensured that consumers have access to qualified practitioners and culturally- and linguistically-appropriate services, no matter their location or mobility level.

Senate Bill 3 would enhance Montgomery County DHHS’ ability to provide critical services to residents in need of and respectfully urges the committee to issue a favorable report.



# **MD - TechNet - Telemedicine S3.pdf**

Uploaded by: Gilrein, Christopher

Position: FAV



**TECHNET**  
THE VOICE OF THE  
INNOVATION ECONOMY

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[www.technet.org](http://www.technet.org) | @TechNetNE

January 27, 2021

The Honorable Senator Delores G. Kelley, Chair  
Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

***Re: TechNet Supports SB. 0003 – Preserve Telehealth Access Act***

Dear Chair Kelley,

On behalf of TechNet, I write today in strong support of SB 3, which will greatly enhance access to essential telehealth services.

*TechNet is the national, bipartisan network of technology CEOs and senior executives that promotes the growth of the innovation economy by advocating a targeted policy agenda at the federal and 50-state level. Our diverse membership includes dynamic American businesses ranging from startups to the most iconic companies on the planet and represents over three million employees and countless customers in the fields of information technology, e-commerce, the sharing and gig economies, advanced energy, cybersecurity, venture capital, and finance.*

Telehealth is fundamentally altering how patients experience care. New telecommunications technologies allow health care professionals to provide patients with medical care and services in convenient, affordable, and accessible ways. As noted in this bill's preamble, telehealth has been critical in maintaining and enhancing access to patient care throughout the COVID-19 pandemic.

TechNet supports the goal of SB 3 in leveraging telehealth to advance health equity in Maryland. We applaud the sponsor in taking a forward-looking approach to the definition of "telehealth" to encompass synchronous and asynchronous, video and audio-only, and remote patient monitoring technologies. Establishing technology-neutral definitions like those proposed in SB 4 will ensure that Maryland patients and health care practitioners can benefit from the full range of services available now and in the future.

For these reasons, TechNet urges the Committee to review this legislation favorably. Please do not hesitate to contact me if I can provide any additional information.

Sincerely,



Christopher Gilrein  
Executive Director, Massachusetts and the Northeast  
TechNet  
[cgilrein@technet.org](mailto:cgilrein@technet.org)

# **Health Care for the Homeless - SB 3 FAV - Preserve**

Uploaded by: Gonzalez, Rachel

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY  
IN SUPPORT OF  
SB 3 – PRESERVE TELEHEALTH ACCESS ACT OF 2021**

**Senate Finance Committee  
January 27, 2021**



**Health Care for the Homeless strongly supports SB 3**, which would make permanent a number of telehealth expansions that have existed under the public health emergency. Among the changes enumerated in the bill are, for Medicaid, effectively removing originating and distant site provisions so both the provider and patient may be off-site for a clinical setting, and requiring reimbursement for audio-only services.

**Audio-only telehealth is lifesaving**

Telehealth has immensely increased access to care for people experiencing homeless. While this increased access occurred during the public health emergency, the benefits are so concrete that we strongly believe increasing access to telehealth permanently is critical. **Make no mistake: the ability to provide phone-only services to our clients is lifesaving.** While we support the bill in its entirety, we would like to focus our testimony on the most vital aspects of the bill: maintaining access to audio-only services.

A collection of [case studies](#) based on interviews with staff at 17 Health Care for the Homeless programs throughout the country about their experience implementing telehealth demonstrates why increasing access to telehealth permanently is beneficial. Cases specific to Health Care for the Homeless in Maryland are highlighted below.

Contrary to prior belief, telehealth, particularly audio-only telehealth, works well for people experiencing homelessness. With our client population, we have generally found that phones are ubiquitous and inexpensive. Conversely, high speed internet access and video screens are exceedingly inaccessible. Allowing patients to receive services via audio-only telephones can make up for the lack of broadband access in many parts of the State and the lack of affordable internet and computer technology among lower-income families.

Currently 60% of our visits are through telehealth and 97% of those telehealth visits are phone only. Since implementing audio-only telehealth, we found our missed appointment rate, which was previously around 30%, fell in the first two months of use to 10%.<sup>1</sup> We widely attribute this to the fact that we are meeting our clients where they are and breaking

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<sup>1</sup> While our missed appointment rate has increased slightly to slightly over 15%. However, this rate represents nearly half of our pre-telehealth missed appointment rate.

down barriers to care, such as an onerous public transportation system. Importantly, keeping our clients connected to care is pivotal.

Some clients experiencing homelessness report that telehealth feels safer and more accessible. Policies related to reimbursements and ongoing ability to conduct audio-only visits are likely to determine the ongoing use of telehealth. In other words, phone-only telehealth is the only type of telehealth accessible to the vast majority of our clients. If the ability to conduct phone-only visits goes away, so will our ability to provide any level of lifesaving telehealth care.

**Audio-only telehealth is just a tool to deliver health care; all clinical standards and expectations still apply.**

We believe there are widespread misconceptions about audio-only telehealth. At its core, audio is just another tool for delivering the same type of and level health care. No clinical or medical requirements, regulations, or standards have changed under audio-only telehealth. We provide the same quality therapeutic and medical services as we always have – whether in person, on video or by phone. The requirements to meet billable standards are robust and nothing about the way we practice is relaxed just because they are over the phone. As highlighted in the examples below, checking in with clients by phone on various issues is a valuable service but not always a *billable* service. There continues to be a distinct set of criteria for a service to be billable. The distinctions between what is a billable phone telehealth visit versus a non-billable phone call are exemplified below.

**We urge a favorable report on Senate Bill 3.**

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City, and in Harford, and Baltimore Counties. For more information, visit [www.hchmd.org](http://www.hchmd.org).*

## **Real-life examples from Health Care for the Homeless staff of utilizing audio for both billable and non-billable services**

### Testimonial of Audrey Kelly, LCSW-C, Health Care for the Homeless Therapist Case Manager

#### Billable audio-only telehealth visits:

- *A client with mobility difficulties diligently attends our weekly teletherapy visits. During the past months, he has explored his trauma history, opened up about formative experiences, and reports feeling more integrated and capable in his daily life. I use similar interventions on the phone as I do in the office, including progressive muscle relaxation, guided imagery, and trauma-informed cognitive therapy approaches.*
- *One of my clients has a memory impairment and needs help scheduling transportation to and from his doctor's appointments. During a teletherapy visit, I helped this client to write down the important details for his appointment, role played calling to schedule a ride, and then helped him process his frustration and seek alternative solutions when it did not go as he expected. I use repetition and role play to build independent living skills during therapy visits. Being able to do this by phone has helped many of my clients to become more independent since the pandemic.*

#### Non-Billable Case Management:

- *After my client had a medical emergency at the clinic, I discovered that he had not been taking his medication regularly and one of his chronic conditions was not well controlled. The next day, I arranged a medication drop-off, helped him schedule appointments, and spoke with his medical providers to identify next steps in his care. Since then, I call him regularly to check in about medications, and am working with him on a plan to get better organized so that he attends all of his medical visits.*
- *After a new company started managing my client's apartment property, she started having numerous problems with pest control and appliance repair. Things were so bad that she considered moving. Her Peer Advocate and I were able to advocate to the property manager to address these issues. Since we were able to navigate this situation by phone, my client was able to stay home and stay safe during this pandemic. She says she feels more comfortable and confident in her apartment now.*

### Testimonial of Kellie Dress, LCSW-C, Health Care for the Homeless Lead Therapist Case Manager

#### In general:

*It stands out to me particularly as I have developed my relationships with my HCH clients during the pandemic and this has been largely thanks to telehealth.*

Billable tele-therapy experiences:

- *One of my clients recently gave birth in August. She has a history of post-partum depression (PPD) in a previous pregnancy that ultimately resulted in an inpatient psychiatric hospitalization. She struggled during this most recent pregnancy with significant anxiety—exacerbated by the pandemic and a demanding job working in a hospital. She was very concerned about symptoms worsening and becoming severe after birth. I started working with her in May 2020 and a lot of our work centered around addressing her anxiety and building a healthy set of coping skills to minimize her risk of PPD recurring. She ended up needing an emergency c-section at 36 weeks and, as a result, the birth experience was quite traumatic for her. Both the client and I appreciated the ease with which telehealth allowed me to be available to support her postpartum. Even without the extenuating circumstances of a pandemic, postpartum can be an isolating and challenging time for mothers and parents. Caring for newborn while recovering from delivery (c-section or vaginal) can be overwhelming and while women may be aware that they are experiencing symptoms of depression/anxiety/etc., it can often take a back seat to caring for their new baby and older children with minimal support. My client might have had difficulty getting out to see a mental health professional for an appointment in these circumstances. She may have even felt uncomfortable inviting someone into her home as she manages the challenges of physical recovery, fatigue, breast feeding etc. Both she and I felt my ability to call her and be present, even just virtually, was critical in helping to prevent a PPD episode. We were able to process her birth trauma and take a preemptive approach to her anxiety and depressive symptoms. Additionally, I was able to assess for and address more concrete needs—such as connecting her to WIC and Sharebaby to get items needed for the baby---this helped to circumvent potential triggers for stress. Overall the ability to do telehealth work with this client allowed me to be accessible to her during a particularly vulnerable time where she might otherwise have been overwhelmed, isolated, and suffering with significant mental health symptoms. A text sent after one of our teletherapy sessions: **“You’ve brung so much to the table being my case manager and therapist seriously.”***
- *I have a client who frequently cycles through depressive episodes. When he is having an episode he has a tendency to self-isolate—he will no-show appointments and become avoidant with his providers. The client has insight into this tendency—he acknowledges that the isolating behaviors exacerbate his depressive symptoms, prolong depressive episodes, and often create new problems (i/e missing needed doctor appts, benefits reconsideration, etc) which increase stressful circumstances that can trigger decompensation back into another episode even after overcoming a previous one. Despite insight into these consequences, the client historically has had difficulty interrupting the cycle. Additionally, his avoidance of his mental health providers has made it challenging for him to make best use of these supports. This client and I have utilized telehealth as a tool to try and overcome his avoidance. At times when the client may have avoided an in-person visit or found it challenging to even get out of bed he has found it slightly less challenging to answer his phone and engage in a teletherapy*



*session. The client and I have processed making the choice to answer the phone and engage with me as his mental health provider. We have been able to simplify this small action as a larger tool to interrupt the cycle of his depression. Of course, he is able to and does still engage in avoidance. However, overall both he and I have noted an improvement and, markedly, he is appearing to experience a longer time between depressive episodes (his last one was approx. 4-5 months ago) which is allowing him to make increased progress toward stated goals (i/e getting his driver's license, looking into GED programs). A quote from a text sent after one of our teletherapy sessions: **"Kellie.. I want you to know something.. I'm glad that I have you helping me. Thank you.."***

Two non-billable telehealth experiences:

- *Most notable to me with regard to non-billable appts was my work with a client to get his driver's license. I was able to assist him over the phone in scheduling and rescheduling MVA appts to complete his written and driving skills tests. This client typically struggles with follow through toward identified goals so he has benefited from quick telehealth appts to assist with making appts and then reminding him and encouraging him to keep appts he may not have otherwise followed through with. This client successfully obtained his driver's license with assistance from myself and his PA. The impact of this achieved goal has been remarkable, particularly, for his self-esteem and overall mental health.*
- *I have a client who, prior to the pandemic, was largely disconnected from the program and his HCH providers. I believe he sometimes went multiple months without seeing or talking to his [case manager]. However, he has responded amazingly to telehealth check-ins and it has increased his engagement with [supportive housing]. Of note, he does not often engage long enough to complete full tele-therapy sessions. However, he has expressed appreciating my bi-weekly calls and has started to reach out for help when needed. We are establishing a good rapport and I am hopeful this will lead to even more openness and meaningful engagement. Most recently, I have been assisting him with navigating getting his ID and SS card back after his wallet was stolen.*

#### Testimonial of Kyle Berkley, LMSW, Health Care for the Homeless Therapist Case Manager

Examples of billable services:

- *I have had the privilege of working with a client, that identifies as transgender that moved to Baltimore from North Carolina. My client has a history of sexual trauma and abuse, dating back to being 6-years-old. Due to her history of sexual trauma, and complicated family challenges, my client moved to Baltimore City and lived briefly at a transitional house until she was housed. My client had a long history of not traveling beyond the corner store to purchase food for her apartment unit but had a desire to gain employment and continuing her education. My client's anxiety, PTSD, and depressive symptoms made it very difficult for her to travel for medical and mental health*

*appointments. Telehealth created an opportunity to explore challenges and fears my client had, which included being in a violent relationship with her partner and being manipulated into sex work by her abuser. The telehealth visits also allowed my client and I to develop a safety plan and explore resources available to her.*

- *The second story that affirms the benefits of telehealth visits includes a client with a history of adjustment disorder, PTSD, and memory issues. Prior to the pandemic, my client missed several therapy and case management appointments due to challenges with his memory. Once the opportunity for telehealth visits was made available, my client and I met every Thursday. During the public outcry in relation to the murder of George Floyd, my client and I were able to discuss how these events affected him, as a person that lived through the Civil Rights Era. In the sessions, my client and I discussed the challenges and trauma he endured, how he coped with the events, and alleviated a lot of stress that he has carried for multiple decades. Since the discussions of his past trauma, my client and I have evolved our discussions into PrEP treatment, engaging sexually with his new partner, overcoming his divorce and surviving cancer.*

Testimonial of Rachel Gonzalez, LMSW, Health Care for the Homeless Therapist Case Manager

Example of provision of both billable and non-billable services for client:

*[Billable]: I have a client who is currently 36 weeks pregnant. She has some cognitive impairments, other children not in her custody, CPS involvement, will be her second time giving birth in a year. She has a hard time keeping appointments, related to cognitive issues and general chaotic lifestyle, very poor support system. Basically, incredibly vulnerable. Last week we had an office appointment, for which she did not show. She called and said she was trying to come but was bleeding and didn't think she could make it. She had been to the hospital and they wanted to admit her, but she really wanted to keep her therapy appointment because she was so scared. She planned to come see me and then go back to the hospital, but when that proved to not be possible, we were able to do a telehealth phone only therapy session. This was particularly notable/beneficial because the client was in an extremely vulnerable/dangerous position and our ability to provide phone only services allowed her to meet all her needs at once; including medical care for her baby and therapeutic services and support from me.*

*[Non-billable]: Right now, she is stable and at home, resting. We've spoken on the phone briefly a couple of times since just to check in. It isn't safe for her to travel to the clinic right now because she is on bed rest until baby's arrival. It's also not wise for me to do home visits every few days considering I can't go in and she'd still have to get up and come to the door/outside. Also, not a great use of resources. But small, quick phone check-ins make her feel supported and give her peace of mind. The client understandably has a very negative opinion of social workers due to lengthy CPS involvement. It's been hard work to gain the trust. Phone only telehealth has helped us keep that relationship going when she needs it most but it would also be easiest to lose.*

# **LeadingAge Maryland - 2021 - SB 3 - Preserve Teleh**

Uploaded by: Greenfield, Aaron

Position: FAV



6811 Campfield Road  
Baltimore, MD 21207

**TO:** The Honorable Delores Kelley  
Chairwoman, Finance Committee

**FROM:** LeadingAge Maryland

**SUBJECT:** Senate Bill 3, Preserve Telehealth Access Act of 2021

**DATE:** January 27, 2021

**POSITION:** **Favorable**

LeadingAge Maryland supports Senate Bill 3, Preserve Telehealth Access Act of 2021.

LeadingAge Maryland is a community of not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. We represent more than 120 not-for-profit organizations, including the vast majority of CCRCs in Maryland. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, faith communities and others who care about aging in Maryland.

Under Senate Bill 3, the Maryland Medical Assistance Program must provide health care services appropriately delivered through telehealth to program recipients regardless of the location of the program recipient at the time telehealth services are provided. Telehealth” includes an audio-only conversation between a health care provider and a patient using telecommunications technology. The Maryland Department of Health would be required to apply to the Centers for Medicare and Medicaid Services for an amendment to any of the state’s § 1115 waivers necessary to implement the requirements of this section.

Using telehealth has allowed for greater flexibility with regard to outreach. As patients move through different continuums of care (skilled nursing homes to home as an example), access to technology may vary, yet treatment continues. Allowing for non-video aspects is helpful. Many older Marylanders living in affordable senior housing communities still have barriers to accessing affordable internet. Allowing greater access to health care through their phone will provide more opportunities for needed treatment, follow up, and continuity of care. With COVID in mind, it allows for safe treatment and for treatment when transportation is a

concern (again, especially given COVID and older adults not wanting to use public transportation). Treatment should be offered in all communication/connection formats.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 3.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

# **PRESERVE TELEHEALTH ACCESS ACT OF 2021- list of su**

Uploaded by: Griffith, Melony

Position: FAV



# Preserve Telehealth Access Act of 2021

SB 3/HB 123

## SUPPORTING ORGANIZATIONS

AARP

American College of Nurse Midwives–  
Maryland Affiliate

American Heart Association

Area Health Education Centers

Baltimore City Substance Abuse  
Directorate

Baltimore Jewish Council

Chase Brexton Health Care

Health Care for the Homeless

Kaiser Permanente

Licensed Clinical Professional  
Counselors of Maryland

Lifespan

Maryland Assembly on School-Based  
Health Care

Maryland Association for the  
Treatment of Opioid Dependence

Maryland Community Health System  
(MCHS)

Maryland Hospital Association

Maryland Nursing Association

Maryland Occupational Therapy  
Association

Maryland Physician Assistant  
Association

Maryland Rural Health Association

Maryland School Psychologists'  
Association

MedChi

Mid-Atlantic Association of  
Community Health Centers

Mid-Atlantic Telehealth Alliance

Moveable Feast

National Association of Social  
Workers–Maryland Chapter: The  
Coordinating Center

National Council on Alcoholism and  
Drug Dependence-Maryland  
Chapter

On Our Own of Maryland

Planned Parenthood of Maryland

Public Justice Center

REACH Health Services, Institutes for  
Behavior Resources, Inc.

# **SMGG SB 3 Testimony.pdf**

Uploaded by: Griffith, Melony

Position: FAV



**MELONY G. GRIFFITH**  
*Legislative District 25*  
Prince George's County

PRESIDENT PRO TEMPORE

Budget and Taxation Committee



James Senate Office Building  
11 Bladen Street, Room 220  
Annapolis, Maryland 21401  
301-858-3127 · 410-841-3127  
800-492-7122 Ext. 3127  
Melony.Griffith@senate.state.md.us

**THE SENATE OF MARYLAND**  
ANNAPOLIS, MARYLAND 21401

January 27, 2021

**Senate Bill 3 – Preserve Telehealth Access Act of 2021**

**Testimony of Senator Melony G. Griffith (Favorable)**

Chair Kelley, Vice Chair Feldman and members of the Senate Finance Committee, I am pleased to present Senate Bill 3, which preserves access to telehealth services. I want to thank you, Senator Augustine, Senator Hershey and others who have worked to support telehealth in Maryland. This legislation comes as a result of countless hours of work by coalitions and stakeholders across the state. As you know, access to quality health care services has been a longstanding issue which has become even more significant with the pandemic. Maintaining and expanding access to care through telehealth would reduce barriers that exacerbate health disparities throughout Maryland.

SB3 would maintain telehealth through:

1. Audio-only telehealth services which are crucial to reaching every demographic with health needs. We know that older adults and low-income families are less likely to have access to a smartphone, webcam, or broadband internet and therefore may not be able to have video telehealth meetings with providers. Over 300,000 Marylanders living in rural areas do not have access to consistent broadband internet. Audio-only services allow us to bridge that digital divide. These groups are also considered high-risk for COVID-19 and therefore need another option for accessing care.
2. Ensuring the continued availability of Maryland Medicaid recipients to receive telehealth care in the sites where they are located by applying for waivers and waiver changes from the Centers of Medicare & Medicaid Services (CMS). Maryland Medicaid recipients have increased their telehealth use during the public health emergency, showing their willingness to be adaptable in receiving care. Telehealth consultations that allow patients to be in their homes are likely to expand access and offer the same or similar benefits as in-person care.
3. Requiring insurers to reimburse services rendered through telehealth modalities at a fair rate. Thus, providing safeguards for providers being unfairly compensated for their expertise.

By enacting SB 3 we would ensure continued relationships between patients and providers. All while preparing Maryland to face future crises that would require patients to interact with their providers virtually when it is not safe to do so in person.

We should keep this tool in the toolbox and ensure that Marylanders have safe options to obtain high quality care in a way that makes the most sense for them and their provider. Thank you for the opportunity to present Senate Bill 3. I respectfully request a favorable report.

# **Sheppard Pratt written testimony SB3HB123 teleheal**

Uploaded by: Grossi, Jeffrey

Position: FAV



# Sheppard Pratt

**Written Testimony  
Senate Finance Committee  
House Health and Government Operations Committee  
SB3 / HB123 The Preserve Telehealth Access Act of 2021  
January 27, 2021**

**Position: SUPPORT**

Sheppard Pratt thanks the Maryland General Assembly for your longstanding leadership and support of mental and behavioral health providers in Maryland. This testimony outlines the Sheppard Pratt support for SB3/HB123 The Preserve Telehealth Access Act of 2021. It is our hope that the Maryland General Assembly will pass this legislation to cement these temporary measures into permanence.

As the COVID-19 pandemic began in Maryland, Sheppard Pratt worked tirelessly to ensure that we could continue to help both individuals in crisis and our existing patients access life-changing care.

Thanks to emergency orders enabling reimbursement for telehealth, we successfully launched our Virtual Crisis Walk-In Clinic. With a swift pivot from an in-person walk-in clinic (which we still continue to provide), Sheppard Pratt expanded our crisis services to telehealth—offering psychiatric triage and referrals to our other virtual and in-person care options through a secure, online platform. The Virtual Crisis Walk-In Clinic is available to any individual living in Maryland who needs urgent psychiatric care. Licensed therapists and clinicians schedule a follow up virtual or in-person appointment for therapy and/or medication management or recommend inpatient admission once the assessment has been conducted.

This virtual expansion equated to thousands of individuals who have been able to access the care they desperately needed—many of whom had previously been hindered by location, lack of transportation, or other common barriers. In fact, this service has eased burdens on emergency departments across the State at a time when all available beds are needed for our acute care patients.

Importantly, telehealth is being used for more than just crisis, initial consultations, and follow-ups. It's also being utilized for psychotherapy, group sessions for both substance use and mental health, and more intensive programs. This has allowed us to maintain our programs and provide outpatient services to those in need throughout the crisis.

To date, our team has provided more than 250,000 telehealth visits since the beginning of the pandemic including 80,000 telephonic visits. Sheppard Pratt stresses the need to continue the audio-only and telephonic options. We cannot emphasize enough the value this expansion has been to our most vulnerable Marylanders—the BIPOC communities, those on Medicaid, the homeless, and those in a mental health crisis. Based on our experience supporting clients throughout the pandemic there are a large number of clients who have phones but do not have access to video-based technology. Without audio services they will not be able to access mental health treatment.



# Sheppard Pratt

Sheppard Pratt asks that you **support the Preserve Telehealth Access Act** because it will ensure the extension of four policy changes that continue to remove barriers to telehealth during COVID-19 and beyond:

- Eases restrictions on originating and distant sites, meaning that both providers and patients have greater discretion on the most appropriate physical location to hold their telehealth appointment
- Allows for reimbursement parity between in-person and telehealth services
- Acknowledges value of health care services delivered via audio-only modalities, especially to vulnerable and underserved populations with internet and technology challenges—the communities most likely to have limited health care access
- Removes barriers to coverage for remote patient monitoring services, so providers can identify health issues and intervene before they escalate and require emergency care

It is vitally important that Marylanders have easier access to the quality mental health services they deserve—and we can make that access possible by making permanent the telehealth flexibilities that were granted at the beginning of the pandemic. This bill brings Maryland in line with neighboring jurisdictions that passed legislation to ensure access to necessary health care, regardless of the modality through which it is delivered. Backing away will leave thousands of Marylanders without access to the care they need and deserve.

Sheppard Pratt urges the committee's favorable report on SB3/HB123 Preserve Telehealth Access Act, with amendments confirmed by the Maryland Hospital Association.

## **About Sheppard Pratt**

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital- and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently ranked as a top national psychiatric hospital by *U.S. News & World Report* for nearly 30 years.

# **AHA Testimony Support SB3 Telehealth.pdf**

Uploaded by: Hale, Laura

Position: FAV



January 25, 2021

Testimony of Laura Hale  
American Heart Association  
**Support of SB 3 Preserve Telehealth Access Act of 2021**

Dear Chair Kelley, Vice Chair Feldman, and Honorable Members of the Finance Committee,

Thank you for the opportunity to submit testimony. My name is Laura Hale and I am the Director of Government Relations for the American Heart Association. The American Heart Association offers our strong support of SB3.

Telehealth can make health care more effective, accessible, and efficient, particularly for those who otherwise lack access to quality healthcare. Telehealth allows quality health care to be delivered to patients in communities where in-person subspecialty services are not available, providing support and training for complex medical conditions to local providers, increasing accessibility for families to specialists, and minimizing time away from work and home. Longer travel distances for services can result in a reduced number of physician visits, increased rates of attrition, and inadequate management of chronic conditions<sup>1</sup>. Telehealth has been shown to be more convenient than traveling to meet a specialist and has resulted in equal or higher patient satisfaction and comparable patient outcomes compared with in-person appointments, making it a viable and beneficial option of care<sup>234</sup>.

During the pandemic and beyond telehealth coverage is essential to continue to break down barriers to access for individuals living in rural areas well as urban areas of high need. By including both audio and video coverage of telehealth more Marylanders will be able to have access to and attend medical appointments. This will lead to better health outcomes.

It is essential for this coverage for all medical needs including cardiac rehabilitation and stroke rehabilitation. After a cardiac or stroke event, attempting to travel to an appoint can be extremely difficult, by maintaining telehealth coverage for all individuals (including those on Medicaid) we will see better health outcomes and attendance.

Keeping Marylander healthy and with better access to care is key. Through the continuation of coverage of telehealth Marylanders will live longer and healthier lives. The American Heart Association urges a swift and favorable report on SB3.

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<sup>1</sup> Smith AC, Youngberry K, Christie F, Isles A, McCrossin R, Williams M, Van der Westhuyzen J and Wootton R. The family costs of attending hospital outpatient appointments via videoconference and in person. *J Telemed Telecare*. 2003;9 Suppl 2:S58-61.

<sup>2</sup> Strauss K, MacLean C, Troy A and Littenberg B. Driving distance as a barrier to glycemic control in diabetes. *J Gen Intern Med*. 2006;21:378-80.

<sup>3</sup> Davis LE, Coleman J, Harnar J and King MK. Teleneurology: successful delivery of chronic neurologic care to 354 patients living remotely in a rural state. *Telemed J E Health*. 2014;20:473-7.

<sup>4</sup> Agha Z, Schapira RM, Laud PW, McNutt G and Roter DL. Patient satisfaction with physician-patient communication during telemedicine. *Telemed J E Health*. 2009;15:830-9.

# **SB3\_Hasselfeld.Hopkins\_Support.pdf**

Uploaded by: Hasselfeld, Brian

Position: FAV

TO: The Honorable Delores G. Kelley  
Chair, Senate Finance Committee

FROM: Dr. Brian Hasselfeld  
Medical Director, Digital Health and Telemedicine, Johns Hopkins

DATE: January 27, 2021

Johns Hopkins supports **Senate Bill 3 - Preserve Telehealth Access Act of 2021**. This bill ensures the extension of four policy changes that continue to remove barriers to telehealth during COVID-19:

- Eases restrictions on originating and distant sites, meaning that both providers and patients have greater discretion on the most appropriate physical location to hold their telehealth appointment
- Allows for reimbursement parity between in-person and telehealth services
- Acknowledges value of health care services delivered via audio-only modalities, especially to vulnerable and underserved populations with internet and technology challenges—the communities most likely to have limited health care access
- Removes barriers to coverage for remote patient monitoring services, so providers can identify health issues and intervene before they escalate and require emergency care

Johns Hopkins has prioritized expanding the use of the telehealth for the last several years. The COVID-19 pandemic has exacerbated the need for and provided an opportunity to prove the value of telehealth. Since the beginning of the pandemic in March 2020, Johns Hopkins Medicine has completed over 700,000 telemedicine visits. Across the institution, approximately 19% of those visits (or more than 130,000 visits in the last 10 months) have been completed through audio-only or telephone modalities.

Even before the pandemic, there has been increasing recognition that telehealth is a tool to address physician shortages, expand access to numerous types of care including behavioral health services, and improve provider efficiencies. While the traditional method of delivering health care is dependent upon a physician or other health care provider to provide in-person care in real time, telehealth opens the door to new delivery models that extend the reach of the provider. It can help facilitate the transfer of clinical data from remote patient settings and remove barriers that have long limited access to specialty care in hard-to-reach areas.

As one of the largest health care providers in the state, Johns Hopkins agrees that all the components of SB3 are critical for ensuring the health and safety for all. However, perhaps the most important continuance would be for reimbursement for audio only health care. Johns Hopkins data proves access to this tool is really an issue of equity. Since the



## Government and Community Affairs

beginning of the pandemic, use of video compared to audio-only modalities has shown potentially meaningful disparities in access between different groups. Though across all of Johns Hopkins Medicine, approximately 19% of our telemedicine visits are completed using audio-only modalities, this use is not evenly distributed. Our commercially insured patients have completed only 10% of telemedicine visits via audio-only, compared to 24% for patients with Medicaid and 30% for patients with Medicare. Recently, in the last 3 months of 2020, our commercially insured patient audio-only rate has dropped to 7%, however our Medicaid and Medicare audio-only rates have remained disproportionately elevated at 22% and 24%, respectively. We share the disparities of the payers for the use of audio-only to highlight the Marylanders using audio-only are usually lower income and or older. Access to audio-only telehealth is an important tool for health equity. Eliminating access to audio-only care would mean eliminating a meaningful portion of access to healthcare in general for these Marylanders.

One remarkable feature of telehealth is the ability to provide quality care without sacrificing patient satisfaction. Johns Hopkins conducted patient surveys of their experience with telehealth overall and 9 out of 10 patients said they were moderately to extremely likely to recommend telehealth to a friend or family. Patient testimonials expressed appreciation for telehealth because of the efficiency, safety and flexibility this tool provides.

Johns Hopkins, and the entire world, has rapidly adapted to a largely virtual environment. Telehealth has been an essential tool as the world changes. This tool has enabled continuity of care for patients in need, engaging patients in care for the first time and likely saved lives. To roll back the use of telehealth at this point would be detrimental to patients' health and safety.

This bill will improve access to health care across Maryland better than any other recent legislation. Johns Hopkins urges a **favorable report on Senate Bill 3 – Preserve Telehealth Access Act.**

**2021\_1\_25 ChristianaCare SB3 LOS -- Preserve Teleh**

Uploaded by: Heath, Geoffrey

Position: FAV



January 25, 2021

The Honorable Chair Delores G. Kelley and Vice-Chair Brian J. Feldman  
Maryland Senate Finance Committee  
House Bill 123-SB3 – Preserve Telehealth Access Act of 2021  
Position: Support

Dear Chair Kelley and Members of the Committee,

On behalf of ChristianaCare, I write to express our support for HB123-SB3, the *Preserve Telehealth Access Act of 2021*. This legislation is essential to ensuring that our patients and neighbors – including the community that ChristianaCare Union Hospital serves in Cecil County, Maryland – have access to innovative, effective, equitable, and affordable systems of care.

In response to the COVID-19 pandemic, ChristianaCare expanded and scaled our comprehensive virtual provider visit and interactive telehealth program. These telehealth opportunities have allowed patients to receive necessary care in their homes, thereby reducing community transmission, while still providing necessary care to vulnerable populations.

In these particularly challenging times, patients benefit from consistency and continuity in their health care. As COVID-19 reorients our relationship with our neighbors, telemedicine has played a larger role in the care we provide and has quickly become an important touchstone for our patients. This is especially true for our most vulnerable patients, including the elderly, those with disabilities, and those in underserved communities. Through collaboration and innovation, ChristianaCare remains focused on building our virtual care capabilities and adding value to the patient and care team experience in a way that continues to enhance these relationships beyond the COVID-19 crisis.

This work has helped lay the foundation for even more improvements in access to health care among our most vulnerable communities. Now, more than ever, we need to be looking out for each other, especially our most vulnerable neighbors. HB123-SB3 ensures the extension of four policy changes that continue to remove barriers to telehealth during COVID-19 and also brings Maryland in line with neighboring jurisdictions that passed legislation to ensure access to necessary care, regardless of the modality through which it is delivered, is available after the pandemic ends. We thank you for your continued leadership and strongly support and urge the committee's favorable report on HB123-SB3.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bettina Riveros", with a long horizontal flourish extending to the right.

Bettina Tweardy Riveros, Esquire  
Chief Health Equity Officer  
Senior Vice President Government Affairs and Community Engagement  
ChristianaCare  
[Bettina.L.Riveros@ChristianaCare.org](mailto:Bettina.L.Riveros@ChristianaCare.org)

# **SB3\_Support\_ASCO.pdf**

Uploaded by: Kauffman, Danna

Position: FAV



MARYLAND/DISTRICT OF COLUMBIA  
SOCIETY OF CLINICAL ONCOLOGY



ASSOCIATION FOR CLINICAL ONCOLOGY

January 27, 2021

The Honorable Delores Kelley, Chair  
The Honorable Brian Feldman, Vice Chair  
Senate Finance Committee  
11 Bladen St  
Annapolis, MD 21401

Dear Chair Kelley, Vice Chair Feldman, and Members of the Senate Finance Committee,

The Maryland/District of Columbia Society of Clinical Oncology (MDCSCO) and the Association for Clinical Oncology (ASCO) are pleased to support **Senate Bill 3: *The Preserve Telehealth Access Act of 2021***, which would allow for patients with cancer to continue receiving necessary care through telemedicine. Senate Finance Committee passage of SB 3 would be a crucial step in helping to make sure this valuable method of care is available to Maryland patients after the current public health emergency has ended.

MDCSCO is a professional organization whose mission is to facilitate improvements for Maryland physician specialties in both hematology and oncology. MDCSCO members are a community of hematologists, oncologists, and other physicians who specialize in cancer care. ASCO is a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

Telemedicine has allowed providers to continue treating patients with cancer during the pandemic, both in rural and urban communities, with minimal disruption. Telemedicine has also led to fewer missed appointments than normally experienced with in-person visits. While telemedicine cannot fully replace face to face cancer care, the extension of covered benefits in recent months has prompted innovation that has allowed us to safely increase access to high quality care during these challenging times. Our affiliate organization, the American Society of Clinical Oncology, recently published an [Interim Position Statement](#) on Telemedicine in Cancer Care, which highlights the potential for telemedicine to play an important role in cancer care delivery moving forward.

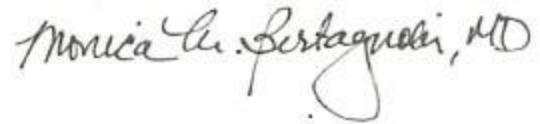
We are encouraged that SB 3 includes coverage and reimbursement for audio-only appointments if video is not available. Not all Maryland patients have access to video connection and this provision allows those patients to benefit from critical support afforded through telemedicine appointments.

MDCSCO and ASCO applaud the swift bipartisan efforts thus far in working to deliver greater access to telemedicine in light of the pandemic. If you have questions or would like assistance on any issue involving the care of individuals with cancer, please contact Danna Kauffman at [dkauffman@smwpa.com](mailto:dkauffman@smwpa.com) or Aaron Segel at ASCO at [aaron.segel@asco.org](mailto:aaron.segel@asco.org).

Sincerely,

Handwritten signature of Paul Celano in black ink.

Paul Celano, MD, FACP  
President  
Maryland/DC Society of Clinical Oncology

Handwritten signature of Monica Bertagnoli, MD, in black ink.

Monica Bertagnoli, MD, FACS, FASCO  
Chair of the Board  
Association for Clinical Oncology

# **SB3\_Support\_MCHI.pdf**

Uploaded by: Klapper, Stephanie

Position: FAV



MARYLAND CITIZENS' HEALTH INITIATIVE

### **TESTIMONY IN SUPPORT OF SENATE BILL 3**

Preserve Telehealth Access Act of 2021

Before the Finance Committee

By Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative, Inc.

January 27, 2021

Madam Chair and Members of the Finance Committee, thank you for this opportunity to testify in support of Senate Bill 3, which would retain emergency telehealth provisions implemented during the COVID-19 pandemic, including allowing audio-only telehealth appointments. I want to especially thank Senator Griffith for introducing this bill. Many Marylanders, especially vulnerable and underserved populations, rely on telehealth to continue to receive care. Audio-only telehealth is especially important as 520,000 Maryland households do not have reliable broadband Internet at home, and close to 290,000 households do not have a desktop, laptop, or tablet.<sup>1</sup> The bill will also help ensure that adequate data is collected to maintain high quality care through telehealth. Therefore, SB 3 would be an important step forward in improving equitable health care delivery in Maryland. Thank you again to the committee for your recognized efforts toward improving access to quality, affordable health care for all Marylanders. We urge a favorable report from the Committee on Senate Bill 3.

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<sup>1</sup> Horrigan, J.B. (2021). *Disconnected in Maryland: Statewide Data Show the Racial and Economic Underpinnings of the Digital Divide*. The Abell Foundation.

[https://abell.org/sites/default/files/files/2020\\_Abell\\_digital%20inclusion\\_full%20report\\_FINAL-web.pdf](https://abell.org/sites/default/files/files/2020_Abell_digital%20inclusion_full%20report_FINAL-web.pdf)



**WDC Testimony SB0003\_FINAL.pdf**

Uploaded by: Koravos, JoAnne

Position: FAV



MONTGOMERY COUNTY, MARYLAND  
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

[www.womensdemocraticclub.org](http://www.womensdemocraticclub.org)

**Senate Bill 3  
Preserve Telehealth Access Act of 2021  
Senate Finance Committee January 27, 2021  
SUPPORT**

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2021 legislative session. WDC is one of the largest and most active Democratic Clubs in our County with hundreds of politically active women and men, including many elected officials. **WDC urges the passage of SB0003.**

This bill will preserve several telehealth provisions in the Maryland Medical Assistance program initially enacted under the state of emergency proclaimed on March 5, 2020. It will continue to allow telehealth to be provided to program recipients regardless of the program recipients' location and allow a distant site provider to provide services from any location. Further it allows those services to be provided in an audio-only conversation. Reimbursement must be at the same rate as if the health care service were delivered by the health care provider in person. Increased flexibility around the delivery of telehealth has enabled Marylanders to access medical and behavioral health treatment in a safe and secure manner, and has become a vital part of Maryland's continuum of care.

Supporting data in favor of telehealth includes:

- Expanding of telehealth capabilities including audio-only services was instrumental in maintaining patient care for those experiencing difficulty in accessing in-person care due to disabilities, lack of transportation, lack of childcare, or inability to take time off from work.
- Reducing disparities in underserved urban and rural areas, advanced health equity for individuals with limited access to health care services and reduced the financial burden caused by missed work hours, transportation, and need for childcare.
- Increasing access and therefore health outcomes because patients are better able to keep their appointments and stay engaged in treatment. This is especially true for mental health and substance use disorder patients.
- Providing approximately 425,000 Marylanders who lack access to high-speed internet or cannot use audio-visual telehealth for other reasons making audio-only access essential. This is particularly true for mental health and substance use disorder patients and the homeless.
- Reimbursing at the same rate as if the health care service were delivered in person helps address the shortage of behavioral health and primary care providers and ensure treatment for a very vulnerable and often hard to treat group.

**We ask for your support for SB0003 and strongly urge a favorable Committee report.**

Respectfully,

Diana Conway  
President

# **SB0003 Preserve Telehealth Act.pdf**

Uploaded by: Martin, Dan

Position: FAV

**Senate Bill 3 Preserve Telehealth Access Act of 2021**

*and*

**Senate Bill 393 Maryland Medical Assistance Program and Health Insurance – Coverage and Reimbursement of Telehealth Services**

Finance Committee

January 27, 2021

**Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present this testimony in support of Senate Bill 3 and Senate Bill 393.

Expanded use of telehealth has been a critical component in Maryland's effort to mitigate spread of the coronavirus. Increased flexibility in the delivery of these services has protected providers and patients from exposure to the virus, ensured continuity of care for Marylanders unable to access in-person treatment, and increased overall access to care. The service expansion has become a vital part of Maryland's continuum of care and it must be preserved.

The increased access to care that telehealth allows will be particularly important as Maryland works to address the serious behavioral health impact of COVID-19. Isolation, loss of income and grief resulting from the loss of a loved one – not to mention the threat of actually contracting the virus – are all having a profound effect on our mental health. Up to 40% of Marylanders have reported feeling anxious or depressed as a result of the pandemic and state crisis hotlines are receiving a startling increase in calls from individuals at risk for suicide. Drug-and-alcohol-related deaths jumped by more than 18% in the second quarter of 2020 as compared to the same period a year earlier, including a 30% increase in opioid-related deaths. If we expect to meet this increased demand, SB 3 and SB 393 are essential.

The bills are similar in several ways:

- Both expand access to audio-only telehealth in Medicaid and commercial health plans. This is an important health equity issue. Low-income families without access to the internet or smartphones and families living in rural communities with poor broadband service are unable to access audio-visual telehealth services.
- Both prohibit Medicaid from limiting the delivery of telehealth based on the location of the recipient. This is particularly important for Marylanders experiencing homelessness and for individuals who may not feel safe accessing behavioral health treatment in their home.
- Both require commercial health plans to reimburse providers for telehealth services at the same rate as in-person care.

However, SB 393 includes some very important additional provisions:

- It authorizes reimbursement of behavioral health programs for telehealth services delivered by peers and paraprofessionals – two critical sectors of the behavioral health workforce.
- It protects consumer choice, ensuring that a patient may not be required to use telehealth in lieu of an in-person visit.
- It extends reimbursement parity to telehealth services provide in the Medicaid program.

Telehealth is a critical tool in our efforts to meet an increasing demand for mental health and substance use treatment. For this reason, **MHAMD supports the expanded telehealth provisions covered in both bills, and the additional measures included in SB 393.**

*For more information, please contact Dan Martin at (410) 978-8865*

# **Telehealth-Preserve Telehealth Access Act UMMS tes**

Uploaded by: Martin, Rhya

Position: FAV



**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

Senate Bill 3 - Preserve Telehealth Access Act 2021

Before the Senate Finance Committee

January 27, 2021

Position: SUPPORT

Respectfully submitted:

Todd J. Crocco, MD, FACEP

Professor of Emergency Medicine, University of Maryland School of Medicine

Chief Clinical Officer (Interim), University of Maryland Medical Center

Vice President of Telehealth and Access Center, University of Maryland Medical System

Operations Section Chief, COVID-19 University of Maryland Medical System

Elizabeth Groncki, MPH

University of Maryland Medical System

Director, Program Development Telehealth Services

Virtual Branch Director

COVID-19 Response Hospital Incident Command System

Contact: Donna L. Jacobs, SVP

University of Maryland Medical System

Government, Regulatory Affairs and Community Health

UMMS, 250 W. Pratt St., Baltimore, MD

DJacobs@umm.edu



# **SB003- Preserve Telehealth Access Act of 2021- RMC**

Uploaded by: Matthews, Dakota

Position: FAV



John Hartline, Chairman

50 Harry S. Truman Parkway • Annapolis, MD 21401  
Office: 410-841-5772 • Fax: 410-841-5987 • TTY: 800-735-2258  
Email: [rmc.mda@maryland.gov](mailto:rmc.mda@maryland.gov)  
Website: [www.rural.maryland.gov](http://www.rural.maryland.gov)  
Charlotte Davis, Executive Director

Testimony in Support of  
Senate Bill 003 – Preserve Telehealth Access Act of 2021  
Finance  
January 27, 2021

The Rural Maryland Council **Supports** SB003 Preserve Telehealth Access Act of 2021. On March 5, 2020 a state of emergency and catastrophic health emergency was proclaimed as COVID-19 began to spread throughout the state. As Marylanders were advised to avoid contact with others as much as possible to stop the spread of the virus, certain telehealth capabilities were expanded to require health insurance companies to reimburse health care providers who were providing telehealth services to patients that would have otherwise been covered in person. SB003 will extend the telehealth definition to include audio only and remote patient monitoring services and allow distant site providers to provide these services to program recipients from any location which the service may be appropriately delivered. The Council requests that these adjustments be made to safely provide adequate healthcare services to Marylanders who would possibly otherwise go without.

Rural Maryland is currently experiencing a shortage in healthcare providers, particularly in specialty areas, mental health and dental. In addition to having a lack of healthcare providers, Rural Marylanders tend to be both older and in worst health than their suburban counterparts. This puts many individuals of rural Maryland at a greater risk during the COVID -19 pandemic, making it less safe for them to leave their homes, especially to go to a high-risk location such as a medical facility.

Senate Bill 003 will allow for safer means of healthcare and provide easier access to healthcare for rural Marylanders. While telehealth is a more accessible option to many, those in certain parts of the state do not either own the proper materials for a telehealth visit or live in areas that lack proper broadband access to participate in a telehealth visit. By adding audio-only and remote patient monitoring services to the services covered under telehealth, it reaches those who would have been cut off from these services because of a lack of digital literacy or technology. Also, allowing Distant Site providers to provide services to a program recipient from any location increases the number of possible providers for each individual, allowing for more coverage and better health during these crucial times. According to the CDC, the amount of telehealth visits during the last two weeks of March 2020, rose 154% compared to the same time period from 2019. The increase may have been a result of the telehealth related policy changes made during that time.

The Rural Maryland council respectfully asks for your favorable support on SB003 Preserve Telehealth Access Act of 2021

*The Rural Maryland Council (RMC) is an independent state agency governed by a nonpartisan, 40-member board that consists of inclusive representation from the federal, state, regional, county and municipal governments, as well as the for-profit and nonprofit sectors. We bring together federal, state, county and municipal government officials as well as representatives of the for-profit and nonprofit sectors to identify challenges unique to rural communities and to craft public policy, programmatic or regulatory solutions.*

“A Collective Voice for Rural Maryland”

# **SB3 and SB393 MSCAN.pdf**

Uploaded by: Miicke , Sarah

Position: FAV



# Maryland Senior Citizens Action Network

## MSCAN

*AARP Maryland*

*Alzheimer's  
Association,  
Maryland Chapters*

*Baltimore Jewish  
Council*

*Catholic Charities*

*Central Maryland  
Ecumenical Council*

*Church of the Brethren*

*Episcopal Diocese of  
Maryland*

*Housing Opportunities  
Commission of  
Montgomery County*

*Jewish Community  
Relations Council of  
Greater Washington*

*Lutheran Office on  
Public Policy in  
Maryland*

*Maryland Association of  
Area Agencies on Aging*

*Mental Health  
Association of Maryland*

*Mid-Atlantic LifeSpan*

*National Association of  
Social Workers,  
Maryland Chapter*

*Presbytery of Baltimore*

*The Coordinating  
Center*

*MSCAN Co-Chairs:  
Carol Lienhard  
Sarah Mücke  
410-542-4850*

## **Testimony in Support of SB3 and SB393- SB3 Preserve Telehealth Access Act of 2021 and Senate Bill 393 Maryland Medical Assistance Program and Health Insurance - Coverage and Reimbursement of Telehealth Services** **Senate Finance Committee** **January 27, 2021**

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that supports policies that meet the housing and care needs of Maryland's low and moderate-income seniors.

**MSCAN enthusiastically supports both SB3 and SB393** for their potential to positively impact the lives of seniors by allowing more access to telehealth. Expanded use of telehealth has been a critical component in Maryland's effort to mitigate spread of the coronavirus. The service expansion has become a vital part of Maryland's continuum of care and it must be preserved well past the current pandemic. Specifically, the continued use of audio only telehealth has been invaluable to our Seniors who do not always have stable internet or have technological challenges to video health care.

While MSCAN supports both SB3 and SB393, SB393 includes three additional provisions, two of which would be seriously impactful to our seniors; 1. Protecting consumer choice, ensuring that a patient may not be required to use telehealth in lieu of an in-person visit and 2. extending reimbursement parity to telehealth services provide in the Medicaid program.

**For these reasons, MSCAN urges a favorable report on SB3 and SB393**

**SB3\_SB393 Telehealth BJC final.pdf**

Uploaded by: Miicke , Sarah

Position: FAV

## OFFICERS

RABBI ANDREW BUSCH  
President

ELIZABETH GREEN  
1<sup>st</sup> Vice President

THE HON. CHAYA FRIEDMAN

BENJAMIN ROSENBERG

RABBI STEVEN SCHWARTZ

MELANIE SHAPIRO

ROBIN WEIMAN

YEHUDA NEUBERGER  
Past President

HOWARD LIBIT  
Executive Director



## WRITTEN TESTIMONY

### Senate Bill 3 – Preserve Telehealth Access Act of 2021 And Senate Bill 393 -- Maryland Medical Assistance Program and Health Insurance - Coverage and Reimbursement of Telehealth Services

## MEMBER ORGANIZATIONS

Adat Chaim Congregation  
American Jewish Committee  
Americans for Peace Now  
Baltimore Chapter  
American Israel Public Affairs Committee  
American Red Magen David for Israel  
American Zionist Movement  
Amit Women  
Association of Reform Zionists of America  
Baltimore Board of Rabbis  
Baltimore Hebrew Congregation  
Baltimore Jewish Green and Just Alliance  
Baltimore Men's ORT  
Baltimore Zionist District  
Beth Am Congregation  
Beth El Congregation  
Beth Israel Congregation  
Beth Shalom Congregation of  
Howard County  
Beth Tfiloh Congregation  
B'nai B'rith, Chesapeake Bay Region  
B'nai Israel Congregation  
B'nai Jacob Shaarei Zion Congregation  
Bolton Street Synagogue  
Chevra Ahavas Chesed, Inc.  
Chevrei Tzedek Congregation  
Chizuk Amuno Congregation  
Congregation Beit Tikvah  
Congregation Beth Shalom of  
Carroll County  
Congregation Tiferes Yisroel  
Federation of Jewish Women's  
Organizations of Maryland  
Hadassah  
Har Sinai - Oheb Shalom Congregation  
J Street  
Jewish Federation of Howard County  
Jewish Labor Committee  
Jewish War Veterans  
Jewish War Veterans, Ladies Auxiliary  
Jewish Women International  
Jews For Judaism  
Moses Montefiore Anshe Emunah  
Hebrew Congregation  
National Council of Jewish Women  
Ner Tamid Congregation  
Rabbinical Council of America  
Religious Zionists of America  
Shaarei Tfiloh Congregation  
Shomrei Emunah Congregation  
Simon E. Sobeloff Jewish Law Society  
Suburban Orthodox Congregation  
Temple Beth Shalom  
Temple Isaiah  
Zionist Organization of America  
Baltimore District

## Finance Committee January 27, 2021

## SUPPORT

**Background:** Senate Bills 3 and 393 (SB3 and SB393) would help countless low income, disabled, and older Marylanders by expanding access to telehealth services. Currently, due to the Covid-19 pandemic, several state restrictions on telehealth have been lifted. These bills would make those changes permanent, including expanding access to audio-only telehealth for Medicaid and commercial insurance plans, prohibiting Medicaid from limiting the delivery of telehealth based on the location of the client, and requiring private insurance plans to reimburse providers for telehealth services at the same rate as in-office care. In addition to these changes, SB393 includes three additional provisions. It would cover behavioral health and substance use treatment by peers and paraprofessionals, two key professional sectors of the mental health workforce. Second, this bill protects consumer choice, meaning a patient can choose between a telehealth and an in-person visit, and not be forced between one or the other. The final provision applies to Medicaid recipients, and provides that telehealth visits are reimbursed at the same rate as in-person visits.

**Written Comments:** The Baltimore Jewish Council (BJC) represents The Associated: Jewish Community Federation of Baltimore and all of its agencies and programs, including Jewish Community Services (JCS). JCS provides critical social services, including mental and behavioral health therapy, older adult care, and disabilities support. Due to the Covid-19 pandemic telehealth executive orders, JCS has continued to provide services to its clients. Specifically, the audio-only telehealth allowance has enabled the neediest clients, including those with disabilities, older adults, and low-income individuals without stable internet access to receive their much-needed services. SB3 and SB393 would allow these clients to continue to receive telehealth services after the pandemic is over. JCS has learned how invaluable telehealth services are to their clients, allowing clients to not have to rely on family, friends, Mobility and other public transit options to get them to their appointments. Telehealth services save time, money and stress and makes services more accessible for many clients.

BALTIMORE JEWISH COUNCIL

5750 Park Heights Avenue, Suite 329 • Baltimore, Maryland 21215

410-542-4850 • fax 410-542-4834 • baltjc.org

Member of the Jewish Council for Public Affairs

Baltimore Jewish Council is an agency of The Associated



For these reasons, we urge a favorable report on SB3 and SB393, with a preference for SB393 due to its additional provisions.

*The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated: Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.*

# **AHC - SB3 - Telehealth - Support .pdf**

Uploaded by: Nicklas, Andrew

Position: FAV





820 West Diamond Avenue, Suite 600  
Gaithersburg, MD 20878  
[www.AdventistHealthCare.com](http://www.AdventistHealthCare.com)

January 27, 2021

To: The Senate Finance Committee  
From: Adventist HealthCare  
Re: SB3 – The Preserve Telehealth Access Act of 2021

**POSITION: SUPPORT**

By removing key barriers to telehealth access, SB3 broadens access to care in general, improves patient outcomes and satisfaction, and chips away at long-standing health inequities.

The COVID19 pandemic accelerated the use of telemedicine in ways that appeared impossible before. It has created a level of comfort with the format and better understanding of the value that telemedicine brings. Patient satisfaction has soared, particularly in the area of behavioral health. By providing access to the right level of care at the right time, telemedicine will help make our communities healthier, avoiding unnecessary complications due to delayed treatment.

Adventist Medical Group saw a 90% increase in telehealth visits during the pandemic and has experienced significant benefits, including:

- Improved safety for patients and providers by reducing exposure to infectious diseases,
- Improved patient satisfaction,
- Improved access to care, especially for patients in remote locations,
- Drastically reduced “no show” rates – especially for psychiatric appointments,
- Addresses some social determinants of health like – like transportation,
- Reduces readmissions by facilitating physician/patient contact when first needed,
- Allows for better management of chronic conditions.

SB3 would permanently establish four key expansions of telehealth services that were granted during the pandemic. Easing restrictions on where a telehealth visit can take place, allowing for reimbursement parity between telehealth and in-person visits, allowing for audio only visits, and removing barriers to remote patient monitoring services are all critical to achieving the maximum benefits of telehealth.

The proof is in the pudding, telehealth works! Patients and providers love it, access is expanded, and outcomes are improved.

For these reasons Adventist HealthCare supports SB3 and encourages the committee to give a **favorable report**.



**SB 3 20210 Support.docx.pdf**

Uploaded by: Nitkin, David

Position: FAV

Howard County General Hospital  
Office of the President  
5755 Cedar Lane  
Columbia, MD 21044  
410-740-7710 T



Honorable Chair Delores G. Kelley and Vice Chair Brian J. Feldman  
Senate Finance Committee  
SB 3 – Preserve Telehealth Access Act of 2021  
Position: Support

Dear Chair Kelley and Members of the Committee:

I'm writing to you today in support of SB 3, the Preserve Telehealth Access Act of 2021.

I serve as chief of staff at Howard County General Hospital, and reside in Howard County, and this legislation is vitally important to preserve health care access in our community.

As COVID-19 led many Marylanders to stay home, hospitals and doctors rushed to embrace the long-available but underused tool of telehealth—delivering health care remotely to keep both patients and providers safe.

Emergency federal and state waivers freed hospitals and health systems to ramp up telehealth quickly.

Telehealth during this period was universally supported by patients and by hospital caregivers. They recognized that even beyond times of crisis, telehealth broadens access to care, improves patient outcomes and satisfaction, and chips away at long-standing health inequities.

These benefits must continue beyond federal and state health emergencies.

To help, I ask you to **support the Preserve Telehealth Access Act**. This bill brings Maryland in line with neighboring jurisdictions that passed legislation to ensure access to necessary health care, regardless of the modality through which it is delivered.

Backing away could leave thousands of Marylanders without care: we need long-term solutions to permanently remove barriers to deliver safe, reliable care via telehealth to all Marylanders, wherever they are.

I have personally spoken to many patients and community members who have benefitted from increased access to telehealth. I urge the committee's favorable report on SB 3, with amendments confirmed by the Maryland Hospital Association.

Sincerely,

David Nitkin

Chief of Staff  
Howard County General Hospital

Dnitkin1@jhmi.edu

# **SB 3\_Support\_\_Attorney General.pdf**

Uploaded by: O'Connor, Patricia

Position: FAV

**BRIAN E. FROSH**  
*Attorney General*



**ELIZABETH F. HARRIS**  
*Chief Deputy Attorney General*

**CAROLYN QUATTROCKI**  
*Deputy Attorney General*

**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**

FACSIMILE NO.  
(410) 576-6571

WRITER'S DIRECT DIAL NO.  
(410) 576-6515

January 27, 2021

To: The Honorable Delores G. Kelley  
Chair, Finance Committee

From: The Office of the Attorney General

Re: Senate Bill 3 (Preserve Telehealth Access Act of 2021): Support

The Office of the Attorney General (the Office) supports Senate Bill 3. Preserving COVID-related expansions of telehealth access is one of the priority actions recommended by the Attorney General's COVID-19 Access to Justice Task Force. To build health equity and increase health care services for historically underserved populations that are being disproportionately affected by COVID-19, the Task Force recommended making permanent telehealth and audio services that have been shown to be effective during the pandemic and to have helped address an increased demand for services generally. The Report of the Senate President's Advisory Workgroup on Equity and Inclusion recognized the benefits of expanding telehealth access, as did the Maryland Health Care Commission's Telehealth Policy Workgroup that was convened in 2020. Their combined recommendations acknowledge the need for patient-centric telehealth laws that preserve patient choice, as this bill apparently would do—if not, express protections may prove necessary.

The bill would expressly require carriers to cover audio-only services, and would require reimbursement parity between in-person and telehealth services. A carrier may not impose as a condition of reimbursement for a telehealth service that the service be provided by a provider designated by the carrier. The bill's insurance provisions apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2022.

The bill would require Medicaid to provide medically necessary somatic, dental or behavioral health services to a patient at an originating site by a distant site provider

through the use of technology-assisted communication. “Telehealth” would include synchronous and asynchronous interactions; audio-only conversations between a health care practitioner and patient using telecommunications technology; and remote patient monitoring (RPM) services.

Continuing pandemic-expanded telehealth services will allow Marylanders to access care without risk of infection as the pandemic continues, help to eliminate long-standing racial disparities in the health care system and improve health outcomes for Marylanders.

We urge the Committee to give Senate Bill 3 a favorable report.

cc: Sponsor

# **MRHA SB3 - Preserve Telehealth Access Act of 2021.**

Uploaded by: Orosz, Samantha

Position: FAV





## **Statement of Maryland Rural Health Association**

To the Finance Committee

January 27, 2021

Senate Bill 3 Preserve Telehealth Access Act of 2021

### **POSITION: SUPPORT**

Chair Kelley, Vice Chair Feldman, Senator Griffith, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 3 Preserve Telehealth Access Act of 2021.

MRHA supports this legislation that allows for the delivery of appropriate audio only health care services, removal originating and distant site restrictions, expansion of remote patient monitoring that align with initiatives that support the Maryland Total Cost of Care Model, and for the same reimbursement for services that would be delivered in person, delivered via telehealth.

This legislation ensures that rural and underserved populations are not left behind in receiving quality and equitable health care in the COVID-19 pandemic. These populations not only rely on telehealth for the delivery of essential health care but rely on transportation and other access barriers to be eliminated when receiving care. Further, many rural Marylanders either do not have a smartphone, or high-speed broadband access to support traditional telehealth delivery. This legislation provides the ability for audio only health care delivery and providers to be fairly compensated for the various telehealth services they offer. Telehealth infrastructure must be maintained and expanded during this pandemic to ensure rural Marylanders and beyond can access safe and reliable health care.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland. Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

Maryland law states that "many rural communities in the State face a host of difficult challenges relating to persistent unemployment, poverty, changing technological and economic conditions, an aging population and an out-migration of youth, inadequate access to quality housing, health care and other services, and deteriorating or inadequate transportation, communications, sanitations, and economic development infrastructure." (West's Annotated Code of Maryland, State Finance and Procurement § 2-207.8b) MRHA believes this legislation is important to support our rural communities and we thank you for your consideration.

*Lara Wilson, Executive Director, [larawilson@mdruralhealth.org](mailto:larawilson@mdruralhealth.org), 410-693-6988*

# **TESTIMONY FOR SB0003 Preserve Telehealth Access Ac**

Uploaded by: Plante, Cecilia

Position: FAV



**TESTIMONY FOR SB0003  
PRESERVE TELEHEALTH ACCESS ACT OF 2021**

**Bill Sponsor:** Senator Griffith

**Committee:** Finance

**Organization Submitting:** Maryland Legislative Coalition

**Person Submitting:** Cecilia Plante, co-chair

**Position:** FAVORABLE

I am submitting this testimony in favor of SB0003 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists and our Coalition supports well over 30,000 members.

Our members believe that we should allow for the provision of Medicare and Medicaid services through audio or technology-assisted communication as opposed to requiring an inpatient visit. There are many people whose conditions make it very hard for them to have in-patient visits, and others whose lack of transportation prevents them from seeing their physician. Many health care providers have successfully converted to providing telehealth services during the pandemic. This has made their services much more available to their patients. Telehealth services should be allowed to continue once the pandemic is over.

We support this bill and recommend a **FAVORABLE** report in committee.

# **SB3.pdf**

Uploaded by: Potter, Audrey

Position: FAV



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BALTIMORE COUNTY COMMISSION FOR WOMEN

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January 25, 2021

**Committee:** Senate Finance Committee

**Bill:** SB 3 – Preserve Telehealth Access Act of 2021

**Position:** Support

Dear Members of the Senate Finance Committee:

We are writing to express strong support from the Baltimore County Commission for Women for Senate Bill 3, presently before the House Health and Government Operations Committee. The Baltimore County Commission for Women advocates for women's issues and works to remove inequities in such areas as housing, recreation, employment, education, and community services.

The COVID-19 emergency provisions related to telehealth services have significantly helped to close gaps in accessing healthcare. Data from the Centers for Medicare and Medicaid Services show that delivery of telehealth services for Medicaid and CHIP beneficiaries rose 2,600% between March and June 2020 compared to the same period in 2019. Senate Bill 3 helps to ensure that those benefiting from the changes in telehealth services continue to do so. This includes valuable aspects such as allowing for appropriate health care services through an audio-only format and removing originating and distant site restrictions.

The Baltimore County Commission for Women is grateful to have the opportunity to support this exciting legislation that we expect will significantly ease the lives of women, children, and families both across Baltimore County and the State of Maryland. Through simply eliminating the need to travel for a healthcare appointment, significant burdens of scheduling and time as well as transportation can be alleviated. As the mother of two young children myself, this bill would help immensely with the difficulties of scheduling frequent medical appointments for my daughters while also working full time.

For these reasons, we urge a favorable report for Senate Bill 3. We are happy to assist in any way possible as further considerations are made. Please feel free to contact me at [agottheimer@gmail.com](mailto:agottheimer@gmail.com) or 443-831-8702 if we can be of any further assistance. Thank you for your support of this important bill.

A handwritten signature in black ink that reads "Audrey H. Potter". The signature is written in a cursive style and is positioned above a horizontal line.

Audrey H. Potter

Baltimore County Commission for Women

# **SB 3 Preserve Telehealth Access Act of 2021-Reece**

Uploaded by: Reece, E. Albert

Position: FAV

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.

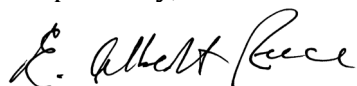


The authority granted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that broadened the waiver authority under section 1135 of the Social Security Act alleviated restrictive provider criteria allowing for other providers to bill for telehealth services. Reimbursement parity 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	Neurology
Kevin Cullen, MD	Oncology
Steven Czinn, MD	Pediatrics
Stephen Davis, MBBS	Medicine
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**

*Executive Vice President for Medical Affairs, UM Baltimore  
John Z. and Akiko K. Bowers Distinguished Professor and  
Dean, University of Maryland School of Medicine*



# **Senate Bill three telehealth preservation actMonda**

Uploaded by: Rice, Mathew

Position: FAV

January 27, 2021

Testimony in support of Senate Bill 3

Sponsored by Senator Griffith

Written By Mat Rice

telehealth Preservation Act Assigned to Finance

Honorable chairperson members of the committee the Arc Maryland the largest grassroots advocacy organization for individuals with intellectual/and or developmental disabilities supports the provisions within house bill 123 we hold the view that access to healthcare is a fundamental right for all citizens regardless of where one is located within the state or ones economic background. Allowing more people to be served through telehealth helps address some of the health disparities for people with disabilities when it comes to accessing quality healthcare; individuals and families may be limited by their ability to have reasonable access to transportation;. Someone may need physical or other assistance, when accessing a doctor's office this barrier can be eliminated through the use of telehealth when it is appropriate. Furthermore allowing providers of these services to Bill just as they would if a person were physically present incentivizes the use of telehealth.

To recap this legislation helps eliminate access barriers to healthcare, incentivizes doctors to practice telehealth encourages those with mobility issues to see the doctor and makes Maryland's healthcare system more dynamic and flexible for its citizenry for those reasons we we ask for a favorable report.

Should you have any questions please contact

Mat Rice

Director of public Policy

The Arc Maryland

phone: 410-925-5706

# **NCADD-MD - SB 3 FAV - Telehealth - Preserve Telehe**

Uploaded by: Rosen-Cohen, Nancy

Position: FAV



**Senate Finance Committee  
January 27, 2021**

**Senate Bill 3  
Preserve Telehealth Access Act of 2021**

**Support**

NCADD-Maryland supports Senate Bill 3 – Preserve Telehealth Access Act of 2021.

Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, third-quarter data from the Maryland Department of Health shows a 14% increase in the number of opioid overdose deaths in 2020, over the same period the year before. The numbers were up even before the impact of the pandemic early last year. We have also seen a disturbing trend in the increasing numbers of Black Marylanders dying from overdoses.

What the pandemic has taught us is that telehealth is a life-saving tool in the delivery of health care services, including substance use disorder and mental health treatment. With the existence of a massive digital divide, the use of the telephone has been the only way tens of thousands of Marylanders have been able to access health care services. When the public emergency declarations are lifted, the digital divide will unfortunately still be with us. We therefore must continue the use of telehealth, including audio-only technology.

Surveys have shown both consumer satisfaction and efficacy. The Maryland Addiction Directors Council conducted a survey of clients that showed that 78% of those using telehealth had a positive experience either all of the time or most of the time. Specifically with the use of audio-only telehealth, 80% of respondents reported positive experiences all or most of the time.

The Behavioral Health Administration conducted provider surveys in the spring and again in the fall of 2020. The second survey results show the following important outcomes:

- No outpatient SUD respondent indicated an inability to provide telehealth in the second survey, compared to 25% in the first survey;
- 42% of programs reported individuals were keeping their treatment/service appointments more often at the time of the second survey compared to 36% in the first; and

- Outpatient SUD programs were twice as likely to indicate that individuals were taking their medications as prescribed more often (32%) in the second survey than in the initial survey (15%).

With the two guiding principles that telehealth should be used when clinically appropriate, and when preferred by the consumer, the use of telehealth should continue indefinitely. And with the myriad regulations and safeguards that already exist, there should be no hesitation to continue audio-only to ensure everyone has access to care.

We strongly urge a favorable report on Senate Bill 3.

*The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.*

# **Preserve Telehealth Access Act 2021.pdf**

Uploaded by: Spotts, Douglas

Position: FAV

Bill Number-HB123/SB3

Position: Support the Preserve Telehealth Access Act of 2021

Dear Chair and members of the Committee:

I'm writing to you today in support of HB123/SB3, the Preserve Telehealth Access Act of 2021.

My Name is Douglas Spotts M.D., and I am VP/Chief Health Officer of Meritus Health in Hagerstown, Maryland. I have been leading telehealth initiatives at Meritus in my role as CHO and family physician along with my colleague Mahesh Krishnamoorthy M.D., Medical Director of Practice Access and general internist, which escalated during the present pandemic. We feel the expanded access afforded by the current telehealth waivers have allowed us to care for our patients in this unique, tri-state area by keeping them safe and out of the emergency department and hospital at this critical time. Additionally, I lead the Meritus Family Medicine Residency team as its VP, and expanded telehealth has enabled our resident physicians to do the same under the guidance of Program Director Paul Quesenberry M.D. and Associate Program Director Catherine Feaga D.O.

As COVID-19 led many Marylanders to stay home, hospitals and doctors rushed to embrace the long-available but underused tool of telehealth—delivering health care remotely to keep both patients and providers safe. Emergency federal and state waivers freed hospitals and health systems to ramp up telehealth quickly. Telehealth during this period was universally supported by patients and by hospital caregivers. They recognized that even beyond times of crisis, telehealth broadens access to care, improves patient outcomes and satisfaction, and chips away at long-standing health inequities.

These benefits must continue beyond federal and state health emergencies.

To help, I ask you to **support the Preserve Telehealth Access Act**. This bill ensures the extension of four policy changes that continue to remove barriers to telehealth during COVID-19:

- Eases restrictions on originating and distant sites, meaning that both providers and patients have greater discretion on the most appropriate physical location to hold their telehealth appointment
- Allows for reimbursement parity between in-person and telehealth services
- Acknowledges value of health care services delivered via audio-only modalities, especially to vulnerable and underserved populations with internet and technology challenges—the communities most likely to have limited health care access
- Removes barriers to coverage for remote patient monitoring services, so providers can identify health issues and intervene before they escalate and require emergency care

Dr. Krishnamoorthy has noted the following in his practice:

“One of the goals of healthcare is to deliver such in a timely and meaningful manner. This pandemic has taught us that social economic disparities are widespread and therefore leads to poor outcomes if care is not delivered when and where it is needed.”

“Telehealth has been an enormous boon to my patients who need such care and when they are unable to come in to my office. Many of the elderly and those patients with limited means have transportation challenges. They often depend on family members to bring them to the office visits which can cause delay in care due to scheduling difficulties. A telemedicine video or audio-only visit where appropriate has helped me deliver care and manage their needs without delay.”

I add that we have used Telehealth during and after clinic hours including the weekends to expand access to care. Telehealth services have been provided in a variety of scenarios - to ensure post hospital follow up and safe COVID and other chronic disease hospital discharge care (diabetes, cardiac, chronic obstructive pulmonary disease, and cancer to name a few chronic conditions), and behavior health follow up including counseling for anxiety, depression, medical management of psychiatric diagnoses, and addiction treatment.

Continued availability of these services post COVID will go a long way in helping improve the health of our patients. Providing this service locally within the context of a trusted provider relationship should be encouraged to continue, from a safety and quality of care standpoint, since this service is allowed to occur across state lines through national programs and large companies linked to insurers where medical advice is offered routinely by a provider with no relationship to the patient or access to their electronic medical record.

This bill brings Maryland in line with neighboring jurisdictions that passed legislation to ensure access to necessary health care, regardless of the modality through which it is delivered.

Backing away could leave thousands of Marylanders without care: we need long-term solutions to permanently remove barriers to deliver safe, reliable care via telehealth to all Marylanders, wherever they are. Support the Preserve Telehealth Access Act. I urge the committee’s favorable report on HB123-SB3 Preserve Telehealth Access Act, with amendments confirmed by the Maryland Hospital Association.

Sincerely,

Douglas A. Spotts M.D., FAAFP, FCPP

VP/Chief Health Officer Meritus Health

douglas.spotts@meritushealth.com



**SB3 - LAC - FAV Written Testimony 2021.01.27.pdf**

Uploaded by: Steinberg, Deborah

Position: FAV



Preserve Telehealth Access Act of 2021 - SB 3  
Senate Finance Committee Hearing  
January 27, 2021  
Favorable

The Legal Action Center (LAC) is a non-profit law firm that uses legal and policy strategies to fight discrimination, build health equity, and restore opportunity for people with criminal records, substance use disorders, and HIV or AIDS. LAC chairs the Maryland Parity Coalition and advocates for laws and policies in Maryland that will improve access to health care and end discrimination for people with mental health and substance use disorders. **LAC supports SB 3, Preserve Telehealth Access Act of 2021, because telehealth is essential to reducing health disparities and improving access to health care, particularly for mental health and substance use disorder care.**

LAC encourages you to support SB 3 and ensure that Marylanders can continue to access the telehealth services they need in the wake of the COVID-19 pandemic, fight health disparities and address the overwhelming need for mental health and substance use disorder services that will continue long after the public health emergency is over.

*Expanding Originating Sites Improves Access to Health Care*

LAC supports the provision in SB 3 to ensure that all patients can use telehealth in their homes or wherever they are located. This provision is essential for protecting access to health care for people regardless of their geographic location, physical or mental disability, housing or homelessness situation, and degree of safety or privacy within their home. When patients can receive care wherever they are – especially for behavioral health services which are still encumbered by stigma – they can maintain their privacy and comfort and reduce unnecessary burdens such as transportation, childcare costs, missed work and appointment scheduling rigidity.<sup>1</sup> Providers too have reported additional benefits to using telehealth, since they can see into the patient’s living environment and better tailor their treatment plans to meet their patient’s needs. Expanding originating sites for telehealth is necessary to improve health care access, especially for patients with mental health and substance use disorders.

*Authorizing Audio-Only Telehealth is Necessary for Health Equity*

Approximately 36% of Marylanders lack access to high-speed internet, based on the FCC standard.<sup>2</sup> Even more Marylanders are unable to use audio-visual telehealth because they lack the technological literacy to use it effectively or cannot afford the required devices. Some individuals, especially those with eating disorders or other mental health conditions, are more comfortable and willing to get health care when they do not need to look at themselves – or their provider – on a

<sup>1</sup> Client Response to Telehealth: Community Behavioral Health Association Survey, Community Behavioral Health Association of Maryland (July 10, 2020), <http://mdcbh.org/files/manual/169/Telehealth%20Survey.pdf>.

<sup>2</sup> Task Force Report, Task Force on Rural Internet, Broadband, Wireless and Cellular Service 6 (January 2, 2019), [https://rural.maryland.gov/wp-content/uploads/sites/4/2019/01/2018\\_MSAR11544\\_Task-Force-for-Rural-Internet-Broadband-Wireless-and-Cellular-Service-Report-1.pdf](https://rural.maryland.gov/wp-content/uploads/sites/4/2019/01/2018_MSAR11544_Task-Force-for-Rural-Internet-Broadband-Wireless-and-Cellular-Service-Report-1.pdf).

screen. Authorizing audio-only telehealth is necessary to reduce the digital divide and improve health equity. The Lieutenant Governor’s Commission to Study Mental and Behavioral Health in Maryland has made the same recommendation for behavioral health providers, recognizing that the expansion of the use of telehealth is crucial “to reduce barriers to service delivery, especially in communities without information technology resources and regions that lack suitable broadband infrastructure.”<sup>3</sup>

### *Enabling Payment Parity Ensures the Sustainability of Telehealth Expansions*

Given the myriad of benefits to patients, it is necessary that Maryland incentivize providers to continue to offer telehealth services by reimbursing them at the same rate that they are reimbursed for in-person services. The costs of audio-visual and audio telehealth are the same as services provided in person because the professional salaries, overhead fees, and all of the requirements for the service to be billable – such as length of visit, documentation, quality of care – remain the same. Absent payment parity, providers will be less willing to invest in the costs of purchasing and maintaining telehealth equipment and HIPAA-compliant platforms and most cannot continue to offer services that are not sustainable for their practices. For telehealth to be an effective tool for improving access to health care in Maryland, it must continue to be reimbursed at the rate that has been used during the public health emergency, which is the same rate as in-person services.

Whereas SB 3 requires payment parity in commercial insurance alone, LAC urges the Committee to adopt the SB 393 standard that also requires payment parity in Medicaid to ensure consistency across payers and to prevent Medicaid beneficiaries from losing access to telehealth because their providers cannot afford to sustain it.

### *Further Telehealth Considerations for Marylanders with Mental Health and Substance Use Disorders*

In addition to payment parity in Medicaid, we urge the Committee to adopt the following provisions from SB 393 in any telehealth legislation:

- Ensure reimbursement for telehealth services provided by licensed and certified mental health and substance use disorder providers and programs in Maryland, including those provided by peers and paraprofessionals in such programs, recognizing the elevated need for behavioral health services during and after the COVID-19 public health emergency.
- Require all plans to comply with the federal Mental Health Parity and Addiction Equity Act for coverage of telehealth services to ensure that neither Medicaid nor commercial plans can discriminate against patients with mental health and substance use disorders.
- Preserve consumer consent so that patients can work with their providers to decide on which mode of service delivery – whether it be in person, audio-visual telehealth, or audio-only telehealth – is the most appropriate for them, and ensure that commercial plans cannot distort their compliance with Maryland’s network adequacy standards by counting telehealth visits unless the patient elects to receive services via telehealth, consistent with the existing standard.

For these reasons, we encourage you to support SB 3, and adopt the additional protections in SB 393 to ensure comprehensive access to telehealth for Marylanders with mental health and

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<sup>3</sup> 2020 Report, Commission to Study Mental and Behavioral Health in Maryland 21 (Dec. 31, 2020), <https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/024800/024835/20210033e.pdf>.

substance use disorders.

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# **SB 3 - Preserve Telehealth Access Act of 2021 - Me**

Uploaded by: Townsend, Pegeen A.

Position: FAV

## SB 3 – Preserve Telehealth Access Act of 2021

**Position: *Support***

### **Bill Summary**

SB 3 makes permanent four policy changes put in place during COVID-19 to remove barriers to telehealth. Specifically:

- Easing restrictions on originating and distant sites so that both providers have greater ability to deliver telehealth services to patients in the most appropriate physical location;
- Allowing for reimbursement parity between in-person and telehealth services;
- Acknowledging the value of health care services delivered via audio-only modalities, especially to vulnerable and underserved populations with internet and technology challenges – the communities most likely to have limited access to health care services; and
- Removing barriers to coverage for remote patient monitoring services, to allow providers to provide proactive care and health management to a broader group of patients, to prevent unnecessary healthcare utilization.

### **Bill Rationale**

The critical flexibilities relating to telehealth put in place during the COVID-19 pandemic have been essential in allowing health care providers to respond swiftly to an urgent need to improve access to care by expanding eligible telehealth services, patients, and care sites. These changes helped ensure that only patients who absolutely required in-person visits would need to leave their homes for medical care and helped hospitals preserve in-person capacity for the sickest patients.

MedStar Health has experienced a rapid transformation, with telehealth now normalized into how we treat patients in the region. From March through December 2020, MedStar Health provided: 61,295 on-demand video e-visits directly to patients in their homes (an average of almost 200 daily, with a peak of more than 500 in a single day in March); 46,776 emergency medicine video consults to hospitals and urgent care sites; and 394,729 scheduled video visits to patients from ambulatory care providers.

This transformation can be seen in the fact that 60 percent of behavioral health visits and 40 percent of cardiology visits over this period were delivered via telehealth. Our experience points to 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. While the majority of MedStar's telehealth encounters do occur over video, older patients and those without access to internet have benefited tremendously from the ability for audio-only telehealth sessions, where clinically appropriate.

Without intervention, the telehealth flexibilities put in place during the pandemic that allowed for this evolution in care delivery will expire once the Public Health Emergency concludes. The experience over the last several months demonstrates that telehealth is an important and viable patient-centered tool to expand access, provide care more efficiently, and address issues of health equity and disparities across our state.

For the reasons above, we ask that you give SB 3 a **favorable** report.

**2021 SB3 - Telehealth.Testimony.Vento M.D.FINAL.pd**

Uploaded by: Vento, Thomas

Position: FAV



SB3 – Preserve Telehealth Access Act of 2021

Senate Finance Committee – January 27, 2021

Testimony of Thomas Vento, M.D., Community Physician Enterprise, LifeBridge Health

Position: **SUPPORT**

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I am writing in strong SUPPORT of SB3. I am a physician in a community-based practice affiliated with LifeBridge Health, a regional health system serving Central Maryland. As a primary care physician in practice in Westminster, Maryland, I have seen dramatic improvement in compliance and patient satisfaction resulting from the increase in use of telehealth. While COVID-19 drove increased utilization of telehealth, this modality quickly became a favored method of providing and receiving timely, effective care. We quickly adapted to the new world, and were pleased that both federal and state governments provided necessary waivers to allow use of this technology.

Quite frankly, it's 2021, and medicine must change. Primary care has remained vastly unchanged, although certainly our focus over the last 20 years has shifted to prevention, but the way we practice medicine has not changed. The embrace of technology over this last year has benefitted patients far more than it has physicians. If we were to pull back this advancement it would only hurt patients. We must make healthcare accessible to everyone. Embrace the technology, continue to allow patients to choose this method when appropriate.

A few examples of types of patients and encounters show how beneficial telehealth is in my practice:

- Elderly patients who have limited access to transportation, especially in our county. Some of my patients do not have family members that can bring them in when needed. The telehealth visits have been a great way for them to communicate with me about their health issues and medication concerns.
- Mental Health: The greatest benefit I have seen is in treating mental health. As a family physician, I estimate at least 25% of my patient visits are strictly mental health. Telemedicine visits make patients more comfortable talking to me from their own homes. It has always been a struggle to get patients into the office for these visits, as there is still a stigma attached to mental health.
- Patients not needing to leave work to come to an in-person appointment. This has always been an issue, and now patients that don't necessarily require in person visits enjoy this benefit.
- Audio-only (telephone) - especially for the older population who cannot always get the technology quite right, or have limited access to computers or WiFi.

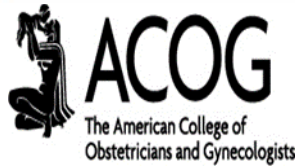
This bill allows us to continue to ensure continuity of care for patients because I am able to see or speak with them as appropriate in a timely manner, encouraging consistent follow up and compliance. I urge the committee's FAVORABLE report on SB3 Preserve Telehealth Access Act, to help me continue to provide my patients the care they need in a manner they desire.

Contact: Martha D. Nathanson  
Vice President, Government Relations & Community Development  
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**SB0003\_FAV\_Preserve Telehealth Access Act of 2021.**

Uploaded by: Wise, Steve

Position: FAV



Hospice & Palliative Care Network OF MARYLAND

MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS  
Serving Maryland and Delaware



TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Melony Griffith

FROM: J. Steven Wise  
Pamela Metz Kasemeyer  
Danna L. Kauffman

DATE: January 27, 2021

RE: **SUPPORT** – Senate Bill 3 – *Preserve Telehealth Access Act of 2021*

On behalf of the Maryland State Medical Society, the Maryland Academy of Family Physicians, the Maryland Chapter of the American College of Emergency Physicians, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Section of the American College of Obstetricians and Gynecologists, the Mid-Atlantic Association of Community Health Centers, the Hospice & Palliative Care Network of Maryland, LifeSpan Network, HealthCare Access Maryland, the Maryland Society of Eye Physicians & Surgeons, the Maryland-National Capital Homecare Association, and the Maryland Clinical Social Work Coalition we submit this letter of **support** for Senate Bill 3.

Senate Bill 3 makes a number of changes to the telehealth laws, addressing practices that have increased patient access and health outcomes during the current public health crisis and which will continue to do so even when it subsides. Accordingly, they should be permanently authorized. Two provisions in particular are very important to health care providers who have relied heavily upon telehealth to continue to provide care to their patients during the pandemic – authorization of audio-only and reimbursement parity with in-person services.

In 2020, the General Assembly adopted Chapter 15 expanding the use of telehealth, an action which proved indispensable in the months that followed as the COVID-19 pandemic grew and in-person patient interactions were limited, except when unavoidable. However, the legislation did not define telehealth to include audio-only calls (*i.e.* telephone calls) with patients. Medicare and Medicaid acted at the federal level to allow reimbursement for audio-only patient interactions under those programs, and by Executive Order 20-04-01-01,

Governor Hogan also allowed for telehealth to be provided through audio-only interactions. Providers across the State depended upon this tool to communicate with patients who either do not have access to the internet, do not have access to appropriate technology or are not familiar enough with the technology to utilize it. Senate Bill 3 takes the critical step of codifying this practice and ensuring that audio-only communications are classified as an acceptable means of practicing telehealth.

Second, the legislation requires health insurers to reimburse providers who use telehealth at the same rate as if the service were provided in person. The insurers seek to have this provision of the bill removed. However, providers strongly disagree with any argument that providing telehealth does not require the same amount of professional knowledge and time that an in-person visit does: the provider is still spending equal time with the patient, maintaining health records, asking staff to conduct the necessary follow up and so forth. To the extent that the insurers believe certain providers are misusing telehealth or billing inappropriately for it, they have ample tools at their disposal to address those issues.

As providers of health care during this extremely challenging time, we urge the Committee to adopt these very reasonable changes to the telehealth statute.

**For more information call:**

J. Steven Wise  
Pamela Metz Kasemeyer  
Danna L. Kauffman  
410-244-7000

# **Maryland Hospital Association- SB 3- Preserve Tele**

Uploaded by: Witten, Jennifer

Position: FAV



Maryland  
Hospital Association

## Senate Bill 3 – Preserve Telehealth Access Act of 2021

**Position: *Support***

January 27, 2021

Senate Finance Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 3.

Telehealth has long improved access to care and health outcomes. As COVID-19 led many Marylanders to stay home, health care providers rushed to use telehealth—delivering care remotely to keep patients and caregivers safe. From Western Maryland, to Baltimore City, to the Eastern Shore, patients used telehealth to maintain continuity of care. Emergency federal and state waivers allowed health care providers to ramp up telehealth quickly. These services were universally supported by patients and by hospital caregivers. In many ways, telehealth is the “silver lining” of the COVID-19 pandemic. All see first-hand what health care and policy experts have known: telehealth broadens access to care, improves patient outcomes and satisfaction, and chips away at health inequities.

### **Quite simply, telehealth works for Marylanders.**

#### **I. History of Telehealth Adoption and Shift to Telehealth Services During COVID-19 Pandemic**

During the 2020 General Assembly session, legislators introduced two bills to ease barriers and expand access to telehealth. From the outset of COVID-19, it was clear these measures would be instrumental to promote access to care. Over the past year, federal and state waivers allowed more access to care via telehealth and ensured continuity of care during this unprecedented public health crisis.

As in-person visits declined, telehealth visits emerged as a viable, safe, and effective way to provide care. About five times more Marylanders used telehealth in 2020 than in 2017. **At one Maryland hospital, telehealth visits boomed from 11 per week to 4,500 per week (410% increase).** National data show telehealth services to Medicaid and Children's Health Insurance Program (CHIP) beneficiaries rose 2,600% between March and June 2020, compared to the same period in 2019.

Data show care patterns have and will continue to change as telehealth becomes mainstream. That is why reimposing barriers to telehealth will not be a return to normal. It would be an undeniable step backwards for Marylanders—particularly the most vulnerable.

## II. Fundamental Components of the Preserve Telehealth Access Act of 2021

### A. Remove Originating and Distant Site Restrictions

The distinction of “originating sites” (where the patient is located) and “distant sites” (where the treating provider is located) is maintained by Medicare and Medicaid. During COVID-19, federal and state laws restricting what could be considered an originating or distant site were relaxed to keep patients and providers safe.<sup>1</sup> These flexibilities expanded access to care, as patients no longer have to surmount transportation, childcare, leave, and other barriers to medical appointments.

**This legislation continues flexibilities around originating and distant site, particularly benefiting traditionally underserved, vulnerable populations with the greatest health disparities.**

### B. Coverage and Reimbursement for Audio-Only Health Care Services

To fully address health equity in telehealth use, however, the value of audio-only health care services cannot be understated. The digital divide in Maryland between households with high-speed internet and corresponding devices with audio-visual capabilities is significant and cuts across traditional rural/urban lines. Generally, urban areas have more broadband access, as is the case across most densely populated areas in Maryland. Yet, even in Baltimore City—Maryland’s most populated city—more than 40% of households lack high-speed internet needed for audio-visual services.<sup>2</sup> Roughly 30% of households also lack a computer, laptop, or tablet to conduct an audio-visual visit.<sup>3</sup> In Maryland’s rural areas—particularly with median incomes below the state average—over 30% of households do not subscribe to high-speed internet, and over 25% do not have connective devices. **For urban and rural areas, audio-only health services may be the only modality a significant portion of their population can access.** To restrict coverage and reimbursement for audio-only health services would essentially isolate these Marylanders from necessary health care, especially in the aftermath of a pandemic.

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<sup>1</sup> Centers for Medicare & Medicaid Services (CMS). “Medicare Telemedicine Health Care Provider Fact Sheet” [www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](http://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet) (accessed Jan. 25, 2021); CMS. “COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers” [www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf](http://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf) (accessed Jan. 25, 2021); CMS. “Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic” [www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid](http://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid) (accessed Jan. 25, 2021)

<sup>2</sup> “In 2020, many Marylanders still lack high-speed internet. And that’s a problem for work and school.” The Baltimore Sun. Aug. 7, 2020. [baltimoresun.com/coronavirus/bs-md-pandemic-broadband-access-20200807-6ugb7j7dkneyvntm7dyvjgydmm-story.html](http://baltimoresun.com/coronavirus/bs-md-pandemic-broadband-access-20200807-6ugb7j7dkneyvntm7dyvjgydmm-story.html)

<sup>3</sup> Horrigan, John B. “Disconnected in Maryland: Statewide Data Show the Racial and Economic Underpinnings of the Digital Divide” The Abell Report, Volume 34, Number 1 (Jan. 2021) [abell.org/sites/default/files/files/2020\\_Abell\\_digital%20inclusion\\_full%20report\\_FINAL-web.pdf](http://abell.org/sites/default/files/files/2020_Abell_digital%20inclusion_full%20report_FINAL-web.pdf)

Moreover, telehealth use during COVID-19 highlighted the disproportionate effects the digital divide has on already underserved and disadvantaged communities. Black and Latinx communities, who have long-standing disparities in access to care, more often rely on audio-only health services.<sup>4</sup> Areas with lower median household incomes, and older residents, including many with impaired eyesight or motor skills, relied on audio-only health services due to lack of internet and audio-visual capable devices.<sup>5</sup> Similarly, MHA’s members experienced this firsthand, with hospitals sharing that patients with Medicaid were leveraging audio-only services at high rates. For example, one hospital reported 29% of Medicaid patients using audio-only services.

**This legislation continues critical coverage and reimbursement for audio-only health services that are the only way for many Marylanders to get the care they need.**

#### *C. Reimbursement Parity for Telehealth Services Compared to In-Person Services*

Commercial and public payers started to systematically reimburse for telehealth services for the first time during the pandemic. This allows providers to sustainably deliver the services. Yet, as virtual visits became the safest, and often only, form of health care delivery during the pandemic, hospitals rapidly scaled up technology (software and hardware), connectivity infrastructure, staffing and IT support—in some cases purchasing devices for patients to use in their own homes. The original investment in and continued maintenance of those components will require adequate reimbursement if providers are to continue offering those services. It would be a severe disservice to Marylanders to indirectly dissuade telehealth use by paying providers less for a vital, valuable, and equivalent service.

**This legislation establishes a framework to address adequate reimbursement, allowing the requisite regulatory processes and responsible agencies to implement reimbursement requirements.**

#### *D. Expansion of Remote Patient Monitoring (RPM) Services*

RPM services most often refer to decentralized monitoring, meaning a patient uses a device in their home to give clinical information to a provider at their office. This means the practitioner can monitor the patient’s condition without requiring a formal visit and immediately respond if needed. Although most RPM devices are designed to monitor specific physiologic conditions or processes, recent studies found even ubiquitous devices, such as smartwatches with clinical apps

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<sup>4</sup> Eberly, Lauren A., et al. “Patient Characteristics Associated with Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic” *JAMA Network Open* (Dec. 29, 2020) [jamanetwork.com/journals/jamanetworkopen/fullarticle/2774488](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774488)

<sup>5</sup> Darrat, Illaaf, et al. “Socioeconomic Disparities in Patient Use of Telehealth During the Coronavirus Disease 2019 Surge” *JAMA Otolaryngology-Head & Neck Surgery* (Jan. 14, 2021) [jamanetwork.com/journals/jamaotolaryngology/fullarticle/2775067](https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2775067)



installed, could detect pre-symptomatic COVID-19 or other respiratory illnesses.<sup>6 7</sup> RPM can prevent conditions for worsening, which could lower health care costs for emergency visits and save precious lives in the process.

**This legislation removes restrictions around RPM, so these services are accessible to all Marylanders.**

### III. The Future of Telehealth

The rise in telehealth during COVID-19 offers a substantial opportunity to improve health care access for millions of Marylanders—particularly those with geographic and socio-economic barriers to care. Legislators, policymakers, and federal and state agencies in the U.S. are making telehealth coverage and reimbursement permanent because they recognize the power of telehealth to advance health and health care.<sup>8 9</sup> By passing the Preserve Telehealth Access Act, we can ensure better health care for all Marylanders.

For these reasons, we urge a *favorable* report.

For more information, please contact:  
Jennifer Witten, Vice President, Government Affairs  
Jwitten@mhaonline.org

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<sup>6</sup> Mishra, Tejaswini, et al. “Pre-symptomatic detection of COVID-19 from smartwatch data” *Nature Biomedical Engineering*, Vol. 4 (2020) [www.nature.com/articles/s41551-020-00640-6](https://www.nature.com/articles/s41551-020-00640-6)

<sup>7</sup> Radin, Jennifer M., et al. “Harnessing wearable device data to improve state-level real-time surveillance of influenza-like illness in the USA” *The Lancet Digital Health* (Feb. 1, 2020) [thelancet.com/journals/landig/article/PIIS2589-7500\(19\)30222-5/fulltext](https://thelancet.com/journals/landig/article/PIIS2589-7500(19)30222-5/fulltext)

<sup>8</sup> CMS. “Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021” [www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1](https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1) (accessed Jan. 25, 2021); Sullivan, Thomas. “FCC Chair Ajit Pai Issues Call to Expand Telehealth.” *Policy & Medicine* Jul. 15, 2020. [www.policymed.com/2020/07/fcc-chair-ajit-pai-issues-call-to-expand-telehealth.html](https://www.policymed.com/2020/07/fcc-chair-ajit-pai-issues-call-to-expand-telehealth.html); “The Doctor Will Zoom You Now.” *The Wall Street Journal* Apr. 26, 2020 [www.wsj.com/articles/the-doctor-will-zoom-you-now-11587935588](https://www.wsj.com/articles/the-doctor-will-zoom-you-now-11587935588)

<sup>9</sup> “Virginia Expands Telehealth Coverage During COVID-19 Emergency.” mHealth Intelligence. Nov. 20, 2020. [mhealthintelligence.com/news/virginia-expands-telehealth-coverage-during-covid-19-emergency?eid=CXTEL000000520230&elqCampaignId=16927&](https://mhealthintelligence.com/news/virginia-expands-telehealth-coverage-during-covid-19-emergency?eid=CXTEL000000520230&elqCampaignId=16927&)

# ACT TO ENSURE PATIENTS' ACCESS TO TELEHEALTH

The COVID-19 public health emergency spurred regulators to ease rules on telehealth so seniors, children, and families—especially those in rural and underserved communities—face fewer barriers to medical care access. Federal and state telehealth waivers instituted due to the pandemic demonstrated how quickly policymakers, payers, and providers can work together on behalf of patients and families.

## MARYLAND CAN'T GO BACKWARD

- **Marylanders, especially vulnerable and underserved populations, rely on telehealth to continue to safely receive care despite the pandemic.** According to the Centers for Medicare & Medicaid Services, delivery of telehealth services for Medicaid and CHIP beneficiaries rose 2,600% between March and June 2020 as compared to the same period in 2019. Maryland had the highest rate in the nation of telehealth use by seniors on Medicaid during that same period.
- **Audio-only consultations are the only direct link for patients having technology and broadband challenges.** About 80% of seniors have cell phones, but only 42% have smartphones. In Maryland, this digital divide is compounded by limited access to affordable broadband internet, with about 324,000 rural Marylanders lacking access. Even in urban areas such as Baltimore City, more than 40% of households lack high-speed internet.
- **Remote patient monitoring (RPM) allows a clinician to continually monitor the patient's condition and adjust care based on real-time information collected from the patient.** Recognizing the value of these services, CMS recently lowered administrative barriers to RPM usage.
- As clinicians continue to deliver care to patients with ongoing conditions, they **must be permitted to deliver care where patients need it, including their homes and other locations.** Patients should not have to prove a hardship or access barrier to receive telehealth services.

## HOW THE PRESERVE TELEHEALTH ACCESS ACT OF 2021 HELPS

SOLUTION	RATIONALE
Allow appropriate health care services delivered via audio-only	Audio-only may be the sole option for care when in-person is inaccessible and patients lack advanced technology
Remove originating and distant site restrictions	Ensures patients can receive care where they are, based on consumer choice and safety, while ensuring providers can deliver services at an appropriate location, which may not always be at a hospital
Allow the same reimbursement for clinically necessary services whether delivered via telehealth or in person	Providers must be fairly compensated for their time and the infrastructure necessary to build telehealth care programs
Expand remote patient monitoring to align with state health initiatives that support Maryland's Total Cost of Care Model	Data-driven platforms enable providers to identify health issues and intervene before they escalate and require emergency care

## HOW CAN YOU HELP

The real work begins now as COVID-19 emergency provisions help providers to fully leverage telehealth to close gaps in accessing care. To back away could leave thousands of Marylanders without care. We need long-term solutions to permanently remove barriers to deliver safe, reliable care via telehealth to all Marylanders. By preserving telehealth flexibility you will support the investments made to build infrastructure to meet patients where they are.

**PASS THE PRESERVE TELEHEALTH ACCESS ACT OF 2021**

# Telehealth Works for Marylanders

How **You** Can Help: **Pass** the Preserve Telehealth Access Act of 2021



## Tremendous Patient Satisfaction

- Nearly 5x more patients used telehealth in 2020 than 2017
- When surveyed about their telehealth experience:
  - 95% were highly satisfied
  - 76% would choose telehealth over in-person appointments



## Improves Access to Health Care - Promotes Health Equity

- 84% of hospitals focused telehealth access efforts on disadvantaged socioeconomic, racial, and ethnic groups
- Audio-only telehealth narrows the digital divide for patients with internet and technology challenges
- Resolves childcare, time off, and other barriers for underserved and vulnerable communities



## Effective Care Delivery

- Triage safely and efficiently manages hospital emergency rooms and reduces wait times
- Allows for real-time treatment decisions without replacing necessary in-person visits
- Gives clinicians insight into patients in their environment, especially with remote patient monitoring technologies, and helps prevent escalation

Source: MHA analysis of facilities responses to MHA's COVID Impact Survey and MHA's Telehealth Survey; 53 hospitals are represented in the survey responses.



# Preserve Telehealth Access Act of 2021

SB 3/HB 123

## SUPPORTING ORGANIZATIONS

AARP

American College of Nurse Midwives–  
Maryland Affiliate

American Heart Association

Area Health Education Centers

Baltimore City Substance Abuse  
Directorate

Baltimore Jewish Council

Chase Brexton Health Care

Health Care for the Homeless

Kaiser Permanente

Licensed Clinical Professional  
Counselors of Maryland

Lifespan

Maryland Assembly on School-Based  
Health Care

Maryland Association for the  
Treatment of Opioid Dependence

Maryland Community Health System  
(MCHS)

Maryland Hospital Association

Maryland Nursing Association

Maryland Occupational Therapy  
Association

Maryland Physician Assistant  
Association

Maryland Rural Health Association

Maryland School Psychologists'  
Association

MedChi

Mid-Atlantic Association of  
Community Health Centers

Mid-Atlantic Telehealth Alliance

Moveable Feast

National Association of Social  
Workers–Maryland Chapter: The  
Coordinating Center

National Council on Alcoholism and  
Drug Dependence-Maryland  
Chapter

On Our Own of Maryland

Planned Parenthood of Maryland

Public Justice Center

REACH Health Services, Institutes for  
Behavior Resources, Inc.

# **Sinai Hospital- Esti Taragin - Senate Bill 3.pdf**

Uploaded by: Witten, Jennifer

Position: FAV

Written Testimony for

**SUPPORT – SB 3 - Preserve Telehealth Access Act of 2021**

Hello, my name is Esti Taragin and I am the manager of outpatient rehabilitation at Sinai Hospital, part of LifeBridge Health, and we have been using telehealth with excellent outcomes for our patients since the beginning of the pandemic.

Flexibilities to provide telehealth services granted during the COVID public health emergency were invaluable to patients. We have seen so much benefit from it.

For some patients it has even improved the care we've been able to provide. For instance, with patients who we treated in person before the pandemic, we are now able to see them in their homes and witness first-hand challenges we had only heard about. With patients who have trouble getting off the couch or navigating areas in their homes, we were able to see their issues first-hand and immediately offer them important advice that we would not have been able to prior to the emergency telehealth authorizations.

We can see them perform those tasks and gain new insight, such as the height of the couch, and give them the tools to improve. And for our patients who have disorders that cause them to be dizzy or disoriented, for example, we are able to help treat them from the comfort of their homes.

It's our eyes to being able to see inside their homes that we didn't have before.

Having the ability to incorporate telehealth into our practice has been an incredible way for us to navigate COVID, and we believe it can have a very positive impact in the future.

I urge you to **pass Senate Bill 3** so we can continue utilizing telehealth for the benefit of our patients.

**Esther "Esti" Taragin**

6603 Chelwood Road

Baltimore, Md. 21209

**4c - FIN - SB 3 - Preserve Telehealth Act - MHCC -**

Uploaded by: /Office of Governmental Affairs, Maryland Department of Health

Position: FWA

STATE OF MARYLAND

Andrew N. Pollak  
CHAIR



Ben Steffen  
EXECUTIVE DIRECTOR

## MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215  
TELEPHONE: 410-764-3460 FAX: 410-358-1236

### 2021 SESSION POSITION PAPER

**BILL NO:** SB 3  
**COMMITTEE:** Finance Committee  
**POSITION:** SUPPORT WITH AMENDMENTS

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**TITLE:** Preserve Telehealth Access Act of 2021

#### **BILL ANALYSIS**

Senate Bill 3 (“SB 3”) requires health plans and Medicaid, subject to the limitations of the State budget, to provide health care services through telehealth and imposes as a condition of reimbursement that health care services be delivered through telehealth. The bill changes the existing definition of telehealth to include medically necessary somatic, dental, or behavior health services to a patient, and removes restrictions on the originating site and distant site for telehealth services. The bill also includes audio-only in the definition of telehealth. SB 3 requires health plans and Medicaid to reimburse for all telehealth services at the same rate as if the services were delivered in-person.

#### **POSITION AND RATIONALE**

The Maryland Health Care Commission (the “Commission”) supports SB 3 with amendments. The Commission has worked collaboratively with the many stakeholders, consumer and behavior health representatives, and the largest private payors to identify areas for compromise as it relates to bill mandates on payment parity for audio-only visits with in-person and audio-video visits as a permanent feature of health care reimbursement in Maryland.

Telehealth has shown great potential to improve access to care during the coronavirus public health emergency (PHE)<sup>1</sup>. The PHE triggered the rapid adoption of telehealth as many health

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<sup>1</sup> Data collected between mid-March and mid-October 2020 by the Centers for Medicare & Medicaid Services indicates over 24.5 million beneficiaries have received a Medicare telehealth service as compared to around 15,000 beneficiaries per week prior to the PHE.

*Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.*



care facilities were closed in April and May except for the most urgent in-person visits. Virtual visits of all types hosted on telehealth platforms and public facing platforms such as Facetime®, ZOOM®, and Facebook® surged. In addition, government and private payors have allowed telephone communications to be reimbursed as telehealth. Many stakeholders nationally have lauded the sweeping changes in regulation and payment across health care.<sup>2,3,4</sup>

The Commission believes that waivers allowing health care practitioners to use telehealth as a mode of care have been effective during the coronavirus pandemic. Assessing the effectiveness and benefit of these telehealth waivers is appropriate before permanently mandating coverage in Maryland law. Allowing the telehealth waivers that payers had in place on June 1, 2020 to continue through December 31, 2023 will provide stability while a thoughtful study is underway. The Commission recommends that the bill be amended as follows:

AMENDMENT NUMBER ONE: /\* Health General\*/

- Page 4, strike lines 19-20.
- Page 4, insert after line 18.  
2. AUDIO-ONLY CONVERSATION BETWEEN A HEALTH CARE PROVIDER AND A PATIENT USING TELECOMMUNICATIONS TECHNOLOGY IF THE COVERED AUDIO-ONLY SERVICE IS DELIVERED PRIOR TO DECEMBER 31, 2023.

AMENDMENT NUMBER TWO /\*Health General\*/

- Page 4, insert after line 22.  
(8) “VIRTUAL COMMUNICATION SERVICE” MEANS A COMMUNICATION SERVICES WHEN AT LEAST 5 MINUTES OF COMMUNICATION TECHNOLOGY-BASED SERVICES FURNISHED BY A HEALTH CARE PROVIDER THAT MEETS THE FOLLOWING REQUIREMENTS:  
  
(I) THE MEDICAL DISCUSSION OR REMOTE EVALUATION IS FOR A CONDITION NOT RELATED TO A SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS, AND  
  
(II) THE MEDICAL DISCUSSION OR REMOTE EVALUATION DOES NOT LEAD TO A VISIT WITHIN THE NEXT 24 HOURS OR AT THE SOONEST AVAILABLE APPOINTMENT.

AMENDMENT NUMBER THREE /\* Health General\*/

- Page 5, after line 18, insert: 3) WHEN APPROPRIATELY PROVIDED THROUGH TELEHEALTH, AT A RATE NOT LOWER THAN THE RATE THE ENTITY REIMBURSED THE HEALTH CARE PROVIDER FOR THE COVERED

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<sup>2</sup> Bart M. Demaerschalk et al., “[American Telemedicine Association Telestroke Guidelines](#),” *Telemedicine and E-Health* 23, no. 5 (May 1, 2017).

<sup>3</sup> The Erisa Industry Committee, [Employers on Telemedicine: Government Standing in the Way](#) (June 17, 2020).

<sup>4</sup> American Society of Health-System Pharmacists, [COVID-19 and Telemedicine Changes](#) (April 9, 2020).

TELEHEALTH SERVICE PROVIDED BY A HEALTH PROVIDER TYPE  
AUTHORIZED BY THE ENTITY TO PROVIDE A TELEHEALTH SERVICE ON  
JUNE 1, 2020.

AMENDMENT NUMBER FOUR /\* Insurance Article\*

- Page 5, strike lines 32-33 and replace with:  
(II) AN AUDIO-ONLY CONVERSATION BETWEEN A HEALTH CARE PROVIDER AND A PATIENT USING TELECOMMUNICATIONS TECHNOLOGY IF THE COVERED AUDIO-ONLY SERVICE IS DELIVERED PRIOR TO DECEMBER 31, 2023.

AMENDMENT NUMBER FIVE : /\*Insurance Article \*/

- Page 6, after line 7, insert:  
  
(3) “VIRTUAL COMMUNICATION SERVICE” MEANS A COMMUNICATION SERVICES WHEN AT LEAST 5 MINUTES OF COMMUNICATION TECHNOLOGY-BASED SERVICES FURNISHED BY A HEALTH CARE PROVIDER THAT MEETS THE FOLLOWING REQUIREMENTS:  
  
(I) THE MEDICAL DISCUSSION OR REMOTE EVALUATION IS FOR A CONDITION NOT RELATED TO A SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS, AND  
  
(II) THE MEDICAL DISCUSSION OR REMOTE EVALUATION DOES NOT LEAD TO A VISIT WITHIN THE NEXT 24 HOURS OR AT THE SOONEST AVAILABLE APPOINTMENT

AMENDMENT NUMBER SIX: /\* Insurance Article\*/

- Page 6, strike lines 28-30 and replace with:  
(II) WHEN APPROPRIATELY PROVIDED THROUGH TELEHEALTH, AT A RATE NO LOWER THAN THE RATE THE ENTITY REIMBURSED THE HEALTH CARE PROVIDER FOR THE COVERED TELEHEALTH SERVICE ON JUNE 1, 2020.

AMENDMENT NUMBER SEVEN:

- UNCODIFIED LANGUAGE:  
  
(A) Require the Commission to report to the General Assembly by October 1, 2023 on:
  - (I) Quality and costs of telehealth and audio-only services
    - (i) The impact of the transition from in-person to telehealth and audio-only visits on disparities in access to primary care and behavioral health services
    - (ii) The effect of differential uptake of telehealth and audio-only among different patient populations on health disparities

- (iii) The comparative effectiveness of telehealth, audio-only visits, and in-person visits on the total costs of care and patient outcomes of care
- (II) Alignment of telehealth and audio-audio only services with the new models of care
  - (i) Opportunities for using telehealth and audio-only to improve patient-centeredness of care
  - (ii) Services for which telehealth and audio-only can substitute for in-person care while maintaining the standard of care
  - (iii) The impact of alternative care delivery models on telehealth and audio-only coverage and reimbursement
- (III) Consumer and provider satisfaction with telehealth and audio-only services and the implementation options
  - (i) Consumer awareness and availability of telehealth and audio-only services
  - (ii) Practitioner assessment on the efficiency and effectiveness of telehealth, audio-only, and in-person visits
  - (iii) Small practices ability to implement telehealth and audio-only health care
  - (iv) Patient privacy risks and benefits of telehealth and audio-only care
- (IV) Any other issues of importance identified by MHCC
- (B) MHCC shall make recommendations on:
  - (I) Coverage of audio-only service as a telehealth service or virtual communication service
  - (II) Payment levels for audio-only and telehealth care relative to in-person care

AMENDMENT NUMBER EIGHT:

Page 8, after line 12, strike lines 13 and 14 and replace with:

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2021. It shall remain effective for a period of 3 years and, at the end of September 30, 2024, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

For these reasons, the Commission recommends a favorable report on SB 3 with the proposed amendments.

**SB3\_Telehealth\_SWA.pdf**

Uploaded by: Taylor, Allison

Position: FWA



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

January 27, 2021

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

**RE: SB 3 – Support with Amendments**

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente strongly supports SB 3, “Preserve Telehealth Access Act of 2021.” We also offer a couple of amendments for the Committee’s consideration.

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 775,000 members. In Maryland, we deliver care to over 450,000 members.

Kaiser Permanente has been offering telehealth services since 2013 and quickly expanded our existing and already robust virtual care services to provide thousands of video, audio, and secure email visits daily during the coronavirus pandemic. Prior to the pandemic, we had about 85% of our appointments in person and about 15% virtual. When COVID hit, that shifted to nearly 90% virtual, and today we are providing approximately 50% of services through telehealth, about half of which are video visits and half are audio-only. Chart 1 below shows the how the proportion of telehealth and in-person visits has shifted over time.

At the same time we transformed from 85% in-person/15% virtual to 15% in-person/85% virtual, we experienced the largest single quarter increase and highest member satisfaction scores ever. We closely track member satisfaction, a metric that includes care experience and primary and specialty care access. Chart 2 below demonstrates this increase.

In response to the success of our telehealth offerings, Kaiser Permanente is launching a new affordable product that expands on more than seven years of experience in delivering convenient, member-centered, high-quality virtual care delivered by the region’s largest multi-specialty group of award-winning physicians. The new Virtual Forward products will allow Kaiser Permanente members to access unlimited virtual appointments with more than 1,000 primary

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

care and specialists who work together in a coordinated system, in addition to accessing in-person options for a fee. This new option will fully cover annual health check-ups and screenings.

Kaiser Permanente supports SB 3 because it expands access to telehealth services. In particular, we support the changes that remove the originating site requirement and expand the types of providers eligible to provide telehealth services in the Medicaid program. We also strongly support the changes to the definitions of “telehealth” to include audio-only conversations. Additionally, we offer two amendments:

- **15-139(d)(1)(ii).** This subparagraph requires an entity to reimburse certain services appropriately provided through telehealth “on the same basis and at the same rate as if the health care service were delivered by the health care provider in person.” Kaiser Permanente supports appropriate reimbursement levels for all services but recognizes that that might not mean parity on all services for all types of telehealth appointments when compared with in-person care. We recommend that the statute be silent on reimbursement levels, and to that end offer the amendment below; however, we’re happy to work with stakeholders toward a compromise on language.

On page 6, in line 25, strike the colon; in line 26, strike “(I)” and in line 27, strike “AND”; strike lines 28-30 in their entirety.

- **15-139(e).** This subsection prohibits an entity from imposing a condition on reimbursement of a telehealth service that the service was provided by a health care provider designated by the entity. We understand that one purpose of this language is to prevent a carrier from mandating that telehealth services be provided through a provider group that only provides telehealth services, which would mean that a patient couldn’t ever see their regular provider in a telehealth setting. We have worked with stakeholders on the revised clarifying language below.

On page 7, in line 14, after the second “A” insert “COVERED”; in line 14, strike “HEALTH CARE PROVIDER” and substitute “THIRD-PARTY TELEHEALTH VENDOR”.

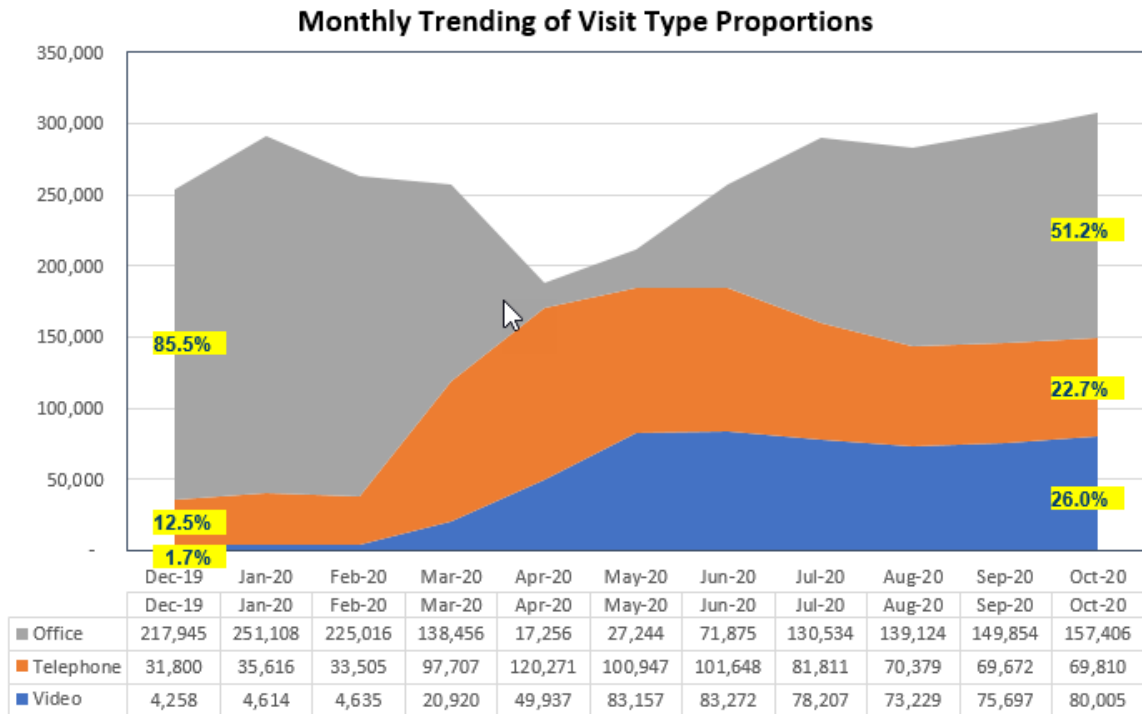
Thank you for the opportunity to comment. Please feel free to contact Allison Taylor at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

Sincerely,

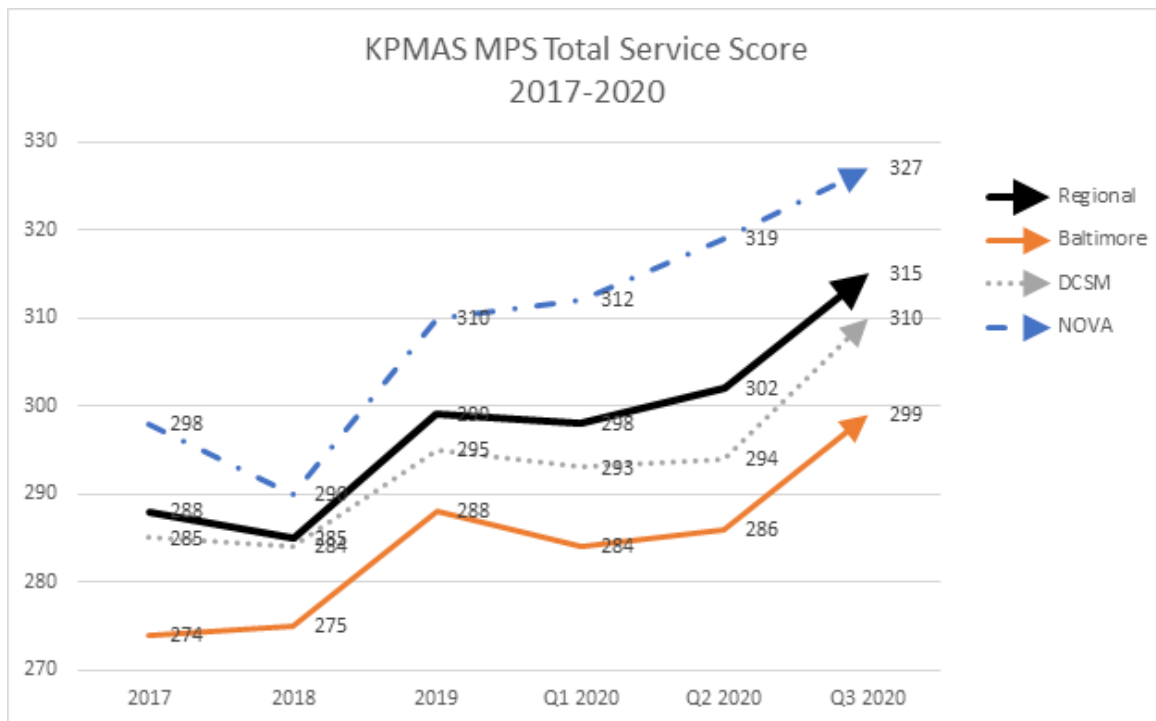


Allison Taylor, MPP JD  
Director of Government Relations  
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

**Chart 1: Volume of In-person, Video, and Audio-only Visits, Dec 2019-Oct 2020**



**Chart 2: Member Satisfaction, 2017-Q3 2020**



**SB 3 - SWA - MPS WPS.pdf**

Uploaded by: Tompsett, Thomas

Position: FWA





January 28, 2021

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

RE: Support with Amendment – SB 3: Preserve Telehealth Access Act of 2021

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strives through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

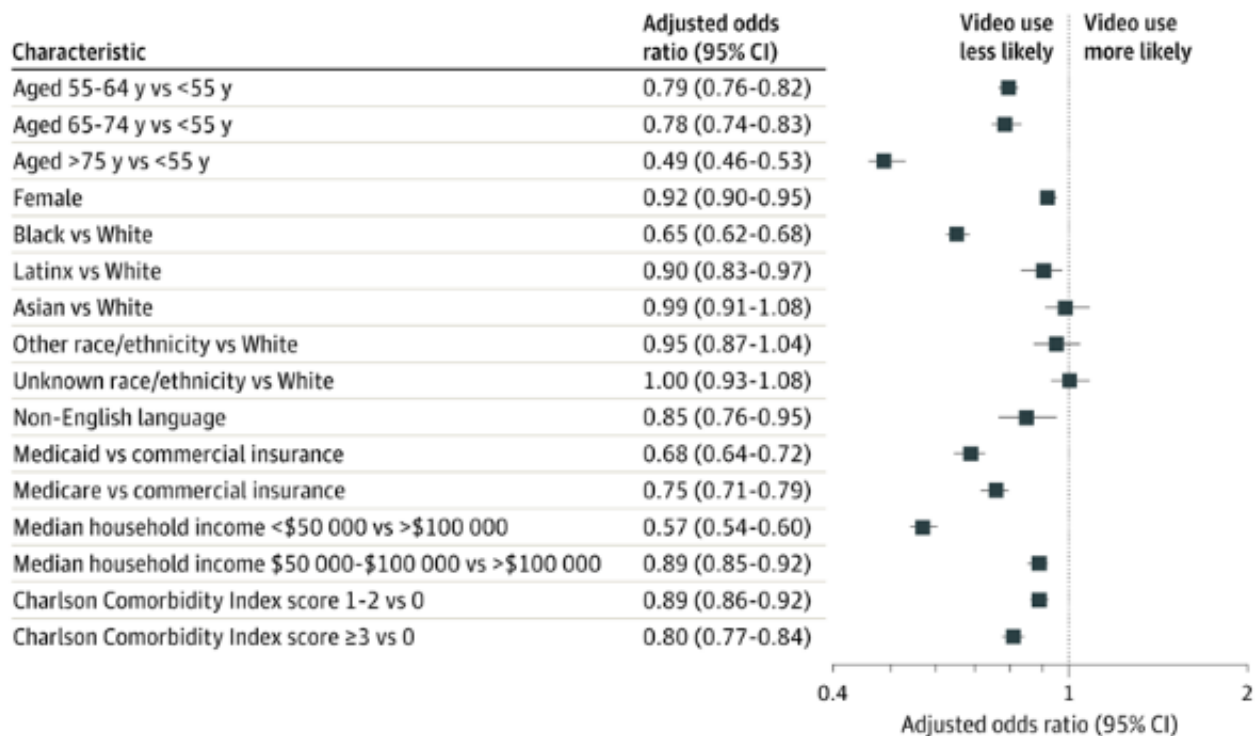
MPS & WPS support Senate Bill 3: Preserve Telehealth Access Act of 2021 (SB 3), which would codify many of the temporary changes to telehealth services covered under state commercial plans and Medicaid. The changes have been put in place to ensure continued access to care during the pandemic and have allowed clinics and private practices to stay open when they may have otherwise been forced to close. Furthermore, expanding coverage to telehealth has dramatically changed the way many of our doctors deliver psychiatric care. Our members have quickly adapted to telehealth and note that no-show rates have significantly decreased, with patients no longer having to leave their homes or consider travel to access care.

MPS & WPS support SB 3's provisions for pay parity for telehealth services and its requirement that insurers refrain from using stricter utilization review reviews for telehealth. MPS & WPS are especially grateful for SB 3's inclusion of reimbursement for audio-only services, as we see it as a tool for equitable access to care. For patients who lack broadband access or video-only technology, the ability to reach patients over the telephone during the pandemic has been critical to ensuring continuity of care. A recent study by Johns Hopkins found that despite the growth in telehealth this last year, lower video use was also observed among women (8% less likely), Black people (35%), Hispanics (10%), and low-income families (43% less likely for household income less than \$50,000). Americans over 75 suffered a similar gap, with 51% less ability to use video. Additionally, patients who are hesitant to see a physician face-to-face may feel more comfortable seeking care via audio-only telehealth.

The following chart shows the study's results:



Washington  
Psychiatric Society



Ensuring patients continue to receive clinically safe and efficient care should be a priority for legislators as Maryland continues to grapple with the pandemic. In addition to the increased anxiety among individuals afraid of becoming sick, the pandemic’s social distancing policies have also led to people becoming isolated or unemployed. Poor mental health outcomes are linked to both situations. The pandemic has also placed an unmeasurable burden on our frontline workers, and we must address their mental health. Lastly, Maryland’s data shows that COVID-19 has disproportionately impacted our Black and Latinx residents. Before the pandemic, these patients were less likely to receive care due to lack of insurance, stigma, and distrust in the health care system. MPS & WPS have seen the promise in telehealth’s potential to expand access to care and help our state save lives.

MPS & WPS respectfully ask that you consider amending the bill to include language that would prohibit insurers from requiring providers to use specific telehealth vendors or technology platforms. This amendment would prevent the bill’s intended telehealth expansion from becoming inhibited by burdensome requirements to providers.

With the amendment adopted, MPS & WPS would then ask the committee for a favorable report of SB 3. If you have any questions with regards to this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Joint Legislative Action Committee  
of the Maryland Psychiatric Society and the Washington Psychiatric Society

**4d - FIN - SB 3 - Preserve Telehealth Act - BOPCT**

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: UNF



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Board of Professional Counselors and Therapists**  
4201 Patterson Avenue  
Baltimore, MD 21215  
Phone: 410-764-4732

**2021 SESSION  
POSITION PAPER**

**BILL NO:** SB 3  
**COMMITTEE:** Education, Health and Environmental Affairs  
**POSITION:** Oppose

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**TITLE:** Preserve Telehealth Access Act of 2021

**BILL ANALYSIS:** This bill alters the health care services the Maryland Medical Assistance Program is required to provide through telehealth; alters the definition of “telehealth” under Insurance Article §15-139(a) and prohibits certain insurers, nonprofit health service plans, and health maintenance organizations from imposing, as a condition of reimbursement of a health care service delivered through telehealth, that the health care service be provided by a certain health care provider.

**POSITION AND RATIONALE:** While the Maryland Board of Professional Counselors and Therapists (the “Board”) recognizes the value in the extension of telehealth, the Board opposes the use of telehealth utilizing audio only as specified in SB 3, specifically under Insurance Article, §15-139(a). It is too soon to assess whether a permanent change is appropriate. The state of emergency which required a temporary change is ongoing. Data about the success or failure of audio-only telehealth is not available at this time to make a permanent and long lasting change.

The majority of communication is non-verbal. Providers need to observe non-verbal behaviors to effectively treat clients. Certain behaviors cannot be detected during audio only sessions. In alcohol and drug treatment, if a client is under the influence of a substance, the provider can observe specific traits to identify substance abuse. With audio use only, the provider cannot observe a client’s eyes or mouth moving slowing, red eyes, swaying, and/or lack of coordination. These non-verbal indicators or cues could go undetected by an addictions counselor. As a result, there is an increased chance for a misdiagnosis in alcohol and drug therapy.

The provider is unable to observe psychopathic features of the client with audio only. Providers cannot assess the client’s orientation. A provider cannot evaluate facial expressions, movements,

attire or personal maintenance, body movements, and hand gestures. These are just some examples of non-verbal cues that are instrumental in diagnosis.

A provider is unable to identify the client by using only audio. In audio and video telehealth sessions, the provider can verify a client's identity by the client's driver's license. For these reasons, the Maryland Board of Professional Counselors and Therapists respectfully requests an unfavorable report on SB 3.

Thank you for your consideration. If you have questions about this matter you may contact Danielle Vallone, Acting Executive Director, at 410-764-4734 or [Danielle.Vallone@maryland.gov](mailto:Danielle.Vallone@maryland.gov).

*The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.*

**SB0003.UNFAVORABLE.MDRTL.LBogley.pdf**

Uploaded by: Bogley, Laura

Position: UNF



**Opposition Statement SB0003/HB123**  
By Laura Bogley-Knickman, JD  
Director of Legislation, Maryland Right to Life

**We Strongly Oppose SB0003/HB123**

On behalf of our pro-life members across the state, I strongly oppose SB0003 as written. While “telehealth” is a worthwhile goal for Maryland, “**teledeath**” must be expressly excluded from all telehealth policy.

**As written, this bill could be used to kill not to heal.** It could force Maryland taxpayers to fund the remote administration of lethal drugs that are intended to end human life, including **abortion-inducing drugs like mifepristone** (common brand name Mifeprex) and lethal drugs used in **Physician Assisted Suicide (PAS)**.

**Put patients before abortion politics and profits.** FDA guidelines maintain that the distribution and use of mifepristone, the drug commonly used in chemical abortions, must be under the supervision of a qualified healthcare provider because of the drug’s potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.<sup>1</sup>

But the abortion industry is pressuring the FDA to remove these safety restrictions- leaving women to fend for themselves. They brazenly promote abortion inducing drugs as “DIY abortions.” They want to convince women that these abortions are safe, easy, and nearly painless. They want to expand telemedicine to distribute more abortion pills, faster, so providers can dispense these drugs en masse, putting profits before patients. They even abandon women with complications to emergency rooms, refusing to deal with or even monitor the consequences of this dangerous drug.

**Government funding restrictions on abortion are Constitutional.** The Supreme Court in *Harris v. McRae* (1980), ruled that the government may distinguish between abortion and other procedures in funding decisions - - noting that “*no other procedure involves the purposeful termination of a potential life*” -- and affirmed that *Roe v. Wade* did not create a government funding entitlement. A 2019 Marist poll showed that 54% of Americans oppose the use of tax dollars to pay for abortion.

**We respectfully recommend that you heed the FDA’s existing safety restrictions on remote distribution of abortion drugs and specifically exclude chemical abortion pills from this and ALL TELEHEALTH LEGISLATION. Likewise we ask that you exclude those lethal drugs commonly used in Physician Assisted Suicide. We urge you to amend to preserve the otherwise good purpose of this bill or issue an unfavorable report.**

**Please honor your oath to uphold the Constitution, beginning with the inalienable Right to Life. Thank you for your consideration.**

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<sup>1</sup> As of March 2020, the FDA reported 4,480 adverse events after women used Mifeprex/mifepristone for abortions (Mifeprex/mifepristone --- outcome: abortion/abortion induced). Among these events were 24 deaths, 1,183 hospitalizations, 339 blood transfusions, and 256 infections (including 48 “severe infections”).

# **MMCOATelehealthPolicyRecommendationsFINAL01042021.**

Uploaded by: Briemann, Jennifer

Position: INFO



# BEYOND COVID-19

Telehealth Policy in  
Maryland's  
HealthChoice  
Program

*Prepared by  
Maryland Managed Care Organization Association  
January 2021*

# MMCOA



MARYLAND MCO ASSOCIATION

# Telehealth: Past, Present, and Future

The COVID-19 pandemic gave rise to a sharp increase in the number of Medicaid HealthChoice members accessing care through telehealth services. However, even before the novel coronavirus, telehealth utilization was growing. Following Governor Hogan's March 5, 2020 State of Emergency declaration, the Secretary of Health temporarily expand the definition of a telehealth originating site to include a participant's home or any other secure location as approved by the participant and the provider for purpose of delivery of Medicaid-covered services. This declaration applies to services delivered to a Medicaid member via Fee-For-Service (FFS) or through a HealthChoice Managed Care Organization (MCO). This regulatory expansion ensured that Medicaid members could access health care services in their own home or other secure location while mitigating possible exposure to COVID-19. This, along with numerous other flexibilities granted to MCOs to ensure the continued care of our members, has enabled those enrolled in the Medicaid HealthChoice program the ability to access quality care while the State of Emergency remains in effect. These expansions will remain in effect until further notice by Maryland Department of Health, but now is the time to begin thinking about what the delivery of telehealth services will look like post-COVID-19. As policymakers begin these discussions, special consideration needs to be given to the unique needs of Marylanders served by HealthChoice MCOs, including technological, transportation, geographic, and translation/linguistic concerns.

## Willingness to Use Telehealth Services

In 2019, only 11% of consumers were likely to use telehealth services. In 2020, that number now stands at 76%.

*McKinsey COVID-19 Consumer Survey, April 27, 2020*

## Barriers to Health Choice Telehealth Delivery

According to a 2019 Pew Research Center survey, only 56% of households with an income of less than \$30,000/year have internet access, compared to 94% of households with an income of \$100,000/year or more.

*Pew Research Center, 2019*

# Recommendations for State Telehealth Policy

When developing and implementing policies governing the delivery of telehealth services post-COVID-19 State of Emergency, the Maryland Managed Care Organization Association (MMCOA), comprised of the nine MCOs serving the 1.5 million Marylanders enrolled in the HealthChoice Program, respectfully requests that the considerations listed below be incorporated into those policies.

- MMCOA supports the ongoing collection and analysis of clinical data as telehealth policy is developed to ensure that implemented policies result in positive health outcomes for HealthChoice members.
- MMCOA supports the elimination of "originating site" requirements, allowing reimbursement via telehealth delivery.
- MMCOA supports retaining and strengthening certain regulatory flexibilities and oversight surrounding audio-only delivery of telehealth services, provided that the delivery is clinically appropriate and that MCOs and health care providers have discretion in determining effectiveness of this modality, given the medical needs of the patient and the services delivered.
- MMCOA supports retaining certain flexibilities that allow providers to be reimbursed for telehealth services, if the services delivered are within the provider's scope of practice and that the provider maintains a current, valid, and unrestricted license.
- MMCOA supports the reinstating of technology standards that require providers to use HIPAA-compliant technology in the delivery of telehealth services, a requirement that was relaxed by the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) during the federal Public Health Emergency. To ensure patient privacy and system interoperability, resulting in safer delivery of care and better patient outcomes, delivery platforms must be HIPAA-compliant.
- MMCOA supports the Maryland Department of Health, in collaboration with MCOs and other stakeholders, to develop tools and processes by which fraud can be detected in the delivery of telehealth services.
- MMCOA supports allowing telehealth visits, as described in the policy recommendations above, to be counted as services provided to meet HEDIS requirements for health plans as currently permitted by NCQA.

# **MMCOA: A partner to our members, policymakers, and the State of Maryland**

**The Maryland MCO Association (MMCOA) is the trade association for Maryland's managed care organizations. The Association consists of nine member MCOs, and our aim is to educate Marylanders about the unique role that MCOs play in controlling costs and providing excellent health care. We do this by advocating for a more effective, integrated, and comprehensive Medicaid program to ensure access to affordable high-quality health care for all Medicaid enrollees.**

## *Our Members*

**Aetna Better Health**

**Amerigroup Maryland, Inc.**

**Jai Medical Systems**

**Kaiser Permanente - Mid-Atlantic States**

**Maryland Physicians Care**

**MedStar Family Choice, Inc.**

**Priority Partners MCO, Inc.**

**UnitedHealthcare of the Mid-Atlantic, Inc.**

**University of Maryland Health Partners/CareFirst BlueCross BlueShield**

**Community Health Plan Maryland**

**SB 3 - LOI - MIA.pdf**

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Position: INFO

LARRY HOGAN  
Governor

BOYD K. RUTHERFORD  
Lt. Governor



# Maryland

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**TESTIMONY OF  
THE  
MARYLAND INSURANCE ADMINISTRATION  
BEFORE THE  
SENATE FINANCE COMMITTEE**

**JANUARY 27, 2021**

**SENATE BILL 3 - PRESERVE TELEHEALTH ACCESS ACT OF 2021**

**POSITION: LETTER OF INFORMATION**

Thank you for the opportunity to provide written comments regarding Senate Bill 3. Senate Bill 3, among other things, amends §15–103 of the Health General Article and §15–139 of the Insurance Article to alter the scope of what constitutes the delivery of telehealth care services, including audio—only calls, provided that the services are held to the same standards of practice that are applicable to in-person health care settings. The Maryland Insurance Administration (MIA) believes the bill, as drafted, should be technically amended to clarify certain parts and to allow the MIA to better enforce the provisions of the bill.

In the sections of the bill amending the Health General Article, the bill defines a health care practitioner (who can perform the services) as someone licensed or “certified” under the Health Occupations Article. Currently, the law in the Insurance Article limits the scope of who may be paid for telehealth services to “licensed health care providers.” This provision is unchanged in this bill and could lead to those providers who have certifications not being paid by carriers in the commercial market. For consistency purposes, the Committee may wish to include “or certified” in §15-139(a) of the Insurance Article.

Section 15-139(d)(2) of the existing law allows carriers to refuse to reimburse “a health care provider who is not a covered provider under the health insurance policy or contract.” Senate Bill 3 also adds a new subsection §15-139(e) which states that, subject to existing (d)(2), carriers may not require that telehealth services be provided by a health care provider “designated by the entity.” The term “designated” is not defined and this new language is open to multiple interpretations. On the one hand, it could be construed as a prohibition on a carrier limiting reimbursement to only participating providers. It should be noted that this interpretation

would be inconsistent with the fundamental product design of certain exclusion provider organization and health maintenance organization contracts, which, except for very limited circumstances (such as the existence of an emergency medical condition), are permitted under existing Maryland law to limit benefits to services performed by in-network providers.

Alternatively, the language in subsection (e) could be read as prohibiting a carrier from limiting telehealth coverage to a small subset of designated telehealth vendors or providers within the carrier's overall network of providers. In this second scenario, it appears the goal would be to ensure that every provider with the capability to provide telehealth services who is eligible for reimbursement of in-person services under the health plan is also eligible for reimbursement of telehealth services, regardless of whether the carrier has "designated" that provider as a telehealth provider. If this second reading is consistent with the legislative intent, it appears the new language is simply a clarification of the existing requirements, because the MIA interprets the current law as already requiring this. Given these alternative interpretations, the Committee may wish to add language to define the term "designated" or otherwise clarify its intent.

While the MIA does not have a policy position on the substance of Senate Bill 3, the MIA believes that the bill should be technically amended to allow the MIA to better enforce the provisions of Senate Bill 3.