

Testimony of Grant Wilder Smith

H.B. 670 - "Maryland Health Care Commission – Study on Expansion of Interstate Telehealth"

Health and Government Operations Committee

Thursday, February 10, 2022

My name is Grant Wilder Smith and I am a resident of Silver Spring, Maryland. I am pleased to offer testimony in **SUPPORT** of H.B. 670, "Maryland Health Care Commission – Study on Expansion of Interstate Telehealth," and wish to thank Chairman Pendergrass and Vice-Chair Pena-Melnyk for holding this hearing today. I also wish to thank Delegate Jheanelle Wilkins and Delegate Nick Charles for introducing H.B. 670 and for their leadership on this issue.

In 2017, I was diagnosed with thyroid cancer. When I received this diagnosis, the cancer had metastasized from my thyroid to a significant number of lymph nodes in my neck. Shortly after I underwent a total thyroidectomy to remove my thyroid and disease from numerous lymph nodes, I was diagnosed with having two forms of thyroid cancer – papillary and follicular. Soon thereafter, nodules were discovered in my lungs that were suspicious for follicular cancer, which can metastasize in regions of the body distant from the thyroid bed, including lungs and bone.

My health situation was stable for approximately three years until March 2021 when routine surveillance revealed that two lung nodules had dramatically increased in size. I met with a DC based oncologist who did not offer surgery or other treatment options for this frightening new cancer and I was given a prognosis of 2 - 5 years.

My wife and I wished to seek a second opinion about having surgery to remove the lung tumors and better understand my cancer. We consulted my DC-based endocrine surgeon who performed my 2017 surgery and surveyed treatment options in the Washington DC region as well as the state of Maryland and my existing DC-based care team referred me to out-of-state providers. We weighed seeking a second opinion with Memorial Sloan Kettering Cancer Center in New York and MD Anderson Cancer Center in Houston, Texas.

We decided to seek a second opinion from specialists at MD Anderson Cancer Center, which is widely regarded as one of the top cancer care facilities in the world. Specialists at MD Anderson (MDA) disagreed with the assessment I had received in DC that surgery to remove my lung tumors was not an option. I also learned that local DC pathologists had failed to properly and fully identify one of my two cancers. MD Anderson determined that I have a rare and more aggressive form of follicular cancer known as Hurthle (HEERT-luh) cell carcinoma. This particular cancer affects approximately 3% of all thyroid cancer patients. It is so rare that there are few known treatment options and, as was the case with DC based pathologists, often unfamiliar to health professionals.

While meeting with specialists at MDA, I learned that Maryland prohibits out-of-state telehealth appointments. My MDA specialists initially proposed that I meet with them as part of follow up via telehealth. However, when they learned that I am a Maryland resident they expressed frustration that Maryland is one of only a handful of states that prohibits out-of-state telehealth care with health practitioners. I was frustrated by this revelation as well. This restriction meant I would have to spend

significant resources to meet with my care team and receive the necessary and specialized health care in order to effectively treat my cancer.

Since June 2021, I have spent thousands of dollars on airfare, accommodations and other travel expenses in order to receive specialized health care, and benefit from the expertise and advanced techniques at MDA, not available in Maryland. While a significant amount of this travel preceded and followed two major surgeries and radiation therapy in 2021, the ability to meet with my MDA care team via interstate telehealth may have enabled me to conduct some appointments without traveling at great expense.

As my story exemplifies, lifting Maryland restrictions on telehealth with out-of-state health practitioners has life or death implications. While I was fortunate to have the financial resources to travel to seek a second opinion, many Maryland residents may not be so fortunate. In my case, I was offered treatment options, access to cancer specialists and a plan of care not available within Maryland. My prognosis has improved because I was able to see out-of-state health practitioners.

I am very concerned that Maryland's restriction on interstate telehealth disadvantages Maryland residents who have limited financial resources to travel but need specialized care as I have needed from out-of-state providers. Many households have limited budgets and traveling out-of-state to meet with a health practitioner can be a major financial hardship for many Maryland residents, as well as a physical and emotional hardship if the prospective patient is not well enough to travel. Maryland residents should not have to spend hundreds of dollars to travel out-of-state to sit down with a health practitioner when a telehealth appointment could serve a patient's health care needs as effectively. Maryland residents deserve the best possible health care and affordable options for accessing such care, including with out-of-state health practitioners.

**I am therefore urging this committee to favorably report out H.B. 670**, which would facilitate a thoughtful review of Maryland's restrictions on interstate telehealth and make recommendations for removing barriers to out-of-state health services. Lifting restrictions on out-of-state telehealth would increase affordable and more equitable health care options for Maryland residents, and eliminate an unfair barrier to health care services and specialists not available intrastate, including for individuals like myself who require highly specialized care for a rare form of cancer.

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