

SUPPORT FOR SENATE BILL 402 – HEALTH CARE PRACTITIONERS – TELEHEALTH

Ro is a direct-to-consumer telemedicine company that puts patients in control of their health by building technology that makes healthcare more accessible and affordable. Through Ro's three digital health clinics — Roman (men's health), Rory (women's health) and Zero (smoking cessation)— Maryland-licensed physicians have helped thousands of Maryland residents get medical treatment for conditions that are often left unaddressed.

Ro supports SB 402, which provides a clear regulatory framework and patient safety protections for practitioners delivering care through telehealth technologies. The bill:

- appropriately requires telehealth providers to meet clinical standards for in-person care;
- allows providers to use a broad range of telehealth tools to deliver care based on their patients' circumstances and preferences;
- breaks down existing barriers – convenience, distance, access to specialists – that Maryland residents can face in accessing care; and
- encourages innovation and broader adoption of telehealth, by anticipating future clinical and technological developments that contain costs and improve quality.

Physicians on the Ro platform perform remote consultations using both synchronous (real-time) and asynchronous telehealth communication. Importantly, SB 403 would align Maryland with the majority of states to allow practitioners to use their medical judgment to determine the appropriate telehealth modality and the information needed for the patient's circumstances and the medical issue presented. We urge the committee to support the technology-agnostic framework in SB402 for the following reasons:

- **Synchronous interactions are not always medically necessary.** There are many circumstances when it is not medically necessary for a provider to have a visual-audio interaction to deliver appropriate care to a patient and thus requiring it in all cases can lead patients to incur unnecessary costs or delays. Further, mandating audio-video interactions when it is not medically needed holds telehealth to a different standard than in-person care.
- **Synchronous requirements create barriers to access.** Ro's research¹ indicates that requiring real-time video interactions for all new patients creates a barrier to care for Maryland residents that lack access to a fast, reliable internet connection, potentially exacerbating the very real access problems telemedicine aims to solve.
- **Synchronous interactions can be a less effective mode of care.** Our experience has shown higher levels of patient and provider satisfaction with the use of asynchronous technologies, like interactive online visits and secure messaging. Care delivered through

¹ L. Broffman, [*Requiring Video Calls for Telemedicine May Contribute to Health Care Inequality*](#) (2019): In this pertinent study commissioned through Ro, research indicated that limited broadband availability can restrict patients' access to care through telemedicine, but only in states where a video call is required by law.



asynchronous technologies provides patients the convenience of initiating medical care at times of their choosing,² the ease of using a secure patient portal to communicate with their providers, and a forum to honestly answer questions and overcome the shame and stigma associated with certain conditions.

We want Maryland to expand – rather than restrict – opportunities for technology-enabled care in the state and SB 402 does just that. We thank Senators Kagan and Lam for introducing this important legislation and ask the Committee to vote favorable on this bill.

² L. Broffman, [The 10pm Doctor's Visit: How Ro's asynchronous DTC telemedicine model is helping patients access care on their time](#) (2020) (noting that approximately 70% of Americans are challenged by limited doctor's office hours finding that 60% of Ro's patients complete an online visit outside of regular business hours — times when many doctors' offices aren't open)