



Maryland
Hospital Association

February 16, 2021

To: The Honorable Paul G. Pinsky, Chair, Senate Education, Health & Environmental Affairs Committee

Re: Letter of Information- Senate Bill 568- Health Care Practitioners - Telehealth - Out-of-State Health Care Practitioners

Dear Chair Pinsky:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 568. 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 services during this period were 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 health inequities.

MHA appreciates the legislature's continued momentum to expand telehealth. We support the administration's proposals, included in SB 567, eliminating barriers to care by expanding our health care workforce through telehealth. However, we are concerned that SB 568 introduces unanticipated policy ramifications, which will harm the bill's intent to expand access to quality care for all Marylanders through telehealth. Our areas of concern are:

- **Limitations on reciprocity:** SB 568 would allow out-of-state practitioners to offer telehealth services to patients in Maryland, but does not stipulate such reciprocity for Maryland providers to deliver those same services to displaced Marylanders (e.g., college students). SB 568 does not limit reciprocity to health care practitioners identified as experiencing limited capacity or ability to deliver care. Instead, it is open to all who are licensed, certified, or otherwise authorized.
- **Corporate practice of medicine and patient protection concerns:** SB 568 opens the door for an influx of providers—especially those from for-profit telehealth platforms—from other states who lack the local knowledge or resources to deliver quality, safe, and consistent care to Marylanders.
- **Treatment limitations:** The prohibition on prescribing or dispensing medications classified as controlled substances is particularly problematic for behavioral health care—an area where increased access through telehealth to specialty services is needed. Common behavioral health diagnoses, including attention deficit hyperactivity disorder and insomnia, are treated with such medications as the standard of care, and this provision hinders the ability of patients to get the full range of treatment that they need.

The current bill would restrict treatment options for those needing critical behavioral health services.

- **Continued administrative burden:** The registration requirements are very similar to those required to obtain a Maryland license (e.g., application form, criminal background check, registration fee, etc.), and as such, pose an equally burdensome administrative process for a narrower range of practice.

MHA offers the following suggestions to further the intent behind SB 568, but with a more holistic view to ensure protections for Marylanders and the providers that wish to participate in any cross-jurisdictional licensure policies.

- **Consider legal implications to health professional compacts:** Maryland has supported joining of a number of health professional compacts, including the Nursing¹ and Interstate Physician² Compact. It is unclear what—if any—legal implications need to be considered if this legislation were to become law that would allow a process to by-pass Compact rules.
- **Explore Medical Zone of Excellence model for regional partnerships³:** Because so many Marylanders live near borders of neighboring states, a regional model would allow practitioners in those areas to be continuously available to their patients. It would enable practitioners licensed in any one of the participating jurisdictions to practice telehealth in the other jurisdictions, while ensuring maintenance of care relationships and access to local resources.
- **Ensure Maryland providers using telehealth are appropriately reimbursed:** Reimbursement shapes practice, and the payment equity between in-person and telehealth visits offered during the COVID-19 substantially contributed to the immense uptake in telehealth. Before opening our virtual borders permanently to non-Maryland-based providers, existing in-state practitioners must be appropriately reimbursed for sustained delivery of these services. Several bills are before this committee addressing adequate reimbursement for telehealth visits.

MHA applauds the legislature and the administration's efforts to make progress in expanding the virtual footprint of telehealth in Maryland. MHA seeks to be an active partner in the state's consideration for these policies and appreciates the opportunity to offer meaningful feedback to further our shared goal of better access to high-quality care for all Marylanders.

For more information, please contact:
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¹ Maryland Board of Nursing. "Nurse Multi-State Licensure Compact" mbon.maryland.gov/Pages/msl-info.aspx (accessed February 8, 2021).

² Maryland Board of Physicians. "Interstate Medical Licensure Compact (IMLC)" www.mbp.state.md.us/resource_information/res_pro/resource_practitioner_compact.aspx (accessed February 8, 2021).

³ Alliance for Connected Care. "Medical Excellence Zone" connectwithcare.org/medical-excellence-zone/ (accessed February 8, 2021).