

SB 567 – Telehealth Services - Expansion

Position: *Support*

Bill Summary

SB 567 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 567 a **favorable** report.