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 <u>works</u> 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.[1] 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.[2] Roughly 30% of households also lack a computer, laptop, or tablet to conduct an audio-visual visit.[3] 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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[1] 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 (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 (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 (accessed Jan. 25, 2021)

[2] "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

[3] 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

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.[4] 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.[5] 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

[4] 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

[5] 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

installed, could detect pre-symptomatic COVID-19 or other respiratory illnesses. [6] [7] 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. [8] [9] 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:
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[6] 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
[7] Radin, Jennifer M., et al. "Harnessing wearable device data to improve state-level real-time surveillance of influence-like illness in the USA" *The Lancet Digital Health* (Feb. 1, 2020) thelancet.com/journals/landig/article/PIIS2589-7500(19)30222-5/fulltext
[8] 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 (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; "The Doctor Will Zoom You Now." *The Wall Street Journal* Apr. 26, 2020 www.wsj.com/articles/the-doctor-will-zoom-you-now-11587935588
[9] "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&

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

Maryland Hospital Association

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

- Teletriage 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.