



## Maryland Community Health System

**Committee:** House Health and Government Operations Committee

**Bill Number:** House Bill 123 - Preserve Telehealth Access Act of 2021

**Hearing Date:** January 27, 2021

**Position:** Support

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Maryland Community Health System (MCHS) is in strong support of *House Bill 123 – Preserve Telehealth Access Act of 2021*. Telehealth has become an essential component of health care services provided across the spectrum of practitioners. The bill ensures the stability and sustainability of our health care system beyond the pandemic.

**Consumer-Centered:** “As an FQHC, we have to meet people where they are.”<sup>i</sup>

Telehealth is transformative because it places the consumer in the center of the health care system. Consumers can choose how to engage their providers, through telehealth or in-person services, just as long as the care is clinically appropriate. Consumer engagement is reflected in falling no-show rates. For example, one of our FQHCs experienced a two-thirds reduction in no show rates in a five-month period ending in July 2021 in comparison to the prior year. When consumers keep appointments, this means they are getting the care needed to improve their health outcomes.

### Senate Bill 3 Protects Consumer Access

The pandemic has accelerated the adoption of a hybrid model where providers offer both in-person and telehealth services to meet the needs of their patients. The legislation protects health care access by ensuring this model is sustainable after the public health emergency:

- **Ensuring Continuity of Care through Audio-Only Services:** As one of our providers reported, “We treat a lot of patients. If they are poor, if they are old, we may not be able to find out what’s going on with them without a phone.” By providing for continued reimbursement for audio-only services, the bill supports our patients who have the fewest resources, including access to broadband and transportation;

- **Bringing Health Care to the Consumer:** Before the pandemic, there were some Medicaid restrictions on the location of the patient. Generally, patients had to be at a clinical site to receive telehealth services rather than at home. This rule is a vestige from when telehealth was primarily used for primary care providers to consult with specialists. With the pandemic, Medicaid has waived those restrictions, and the bill ensures this flexibility will continue beyond the pandemic;
- **Sustaining the Health Care System with Reasonable Rates:** FQHCs, like many providers, plan to provide both in-person and telehealth services in the future. To sustain this hybrid model, reimbursement rates for telehealth must be equitable. Providers spend the same amount of time with a patient whether the visit is in-person or telehealth. While telehealth visits do not require physical space, they involve clinical preparation for the visit as well as enhanced technological and administrative support to interact with the patient; and
- **Recognizing Telehealth Across the Spectrum of Services:** The bill reflects Medicaid’s expansion of telehealth across all types of care – somatic, behavioral health, and oral health. It is crucial that we recognize the value of telehealth across the full spectrum of services.

We ask for the Committee’s full support of this legislation. We also note that there may be some valuable provisions on other telehealth bills, particularly SB 393, which focuses on the need to ensure parity for behavioral health services. We are committed to working with the Committee and other stakeholders as you review this bill and related telehealth legislation.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

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