

Bill Number-HB123/SB3

Position: Support the Preserve Telehealth Access Act of 2021

Dear Chair and members of the Committee:

I'm writing to you today in support of HB123/SB3, the Preserve Telehealth Access Act of 2021.

My Name is Douglas Spotts M.D., and I am VP/Chief Health Officer of Meritus Health in Hagerstown, Maryland. I have been leading telehealth initiatives at Meritus in my role as CHO and family physician along with my colleague Mahesh Krishnamoorthy M.D., Medical Director of Practice Access and general internist, which escalated during the present pandemic. We feel the expanded access afforded by the current telehealth waivers have allowed us to care for our patients in this unique, tri-state area by keeping them safe and out of the emergency department and hospital at this critical time. Additionally, I lead the Meritus Family Medicine Residency team as its VP, and expanded telehealth has enabled our resident physicians to do the same under the guidance of Program Director Paul Quesenberry M.D. and Associate Program Director Catherine Feaga D.O.

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 during this period was 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 long-standing health inequities.

These benefits must continue beyond federal and state health emergencies.

To help, I ask you to **support the Preserve Telehealth Access Act**. This bill ensures the extension of four policy changes that continue to remove barriers to telehealth during COVID-19:

- Eases restrictions on originating and distant sites, meaning that both providers and patients have greater discretion on the most appropriate physical location to hold their telehealth appointment
- Allows for reimbursement parity between in-person and telehealth services
- Acknowledges 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 health care access
- Removes barriers to coverage for remote patient monitoring services, so providers can identify health issues and intervene before they escalate and require emergency care

Dr. Krishnamoorthy has noted the following in his practice:

“One of the goals of healthcare is to deliver such in a timely and meaningful manner. This pandemic has taught us that social economic disparities are widespread and therefore leads to poor outcomes if care is not delivered when and where it is needed.”

“Telehealth has been an enormous boon to my patients who need such care and when they are unable to come in to my office. Many of the elderly and those patients with limited means have transportation challenges. They often depend on family members to bring them to the office visits which can cause delay in care due to scheduling difficulties. A telemedicine video or audio-only visit where appropriate has helped me deliver care and manage their needs without delay.”

I add that we have used Telehealth during and after clinic hours including the weekends to expand access to care. Telehealth services have been provided in a variety of scenarios - to ensure post hospital follow up and safe COVID and other chronic disease hospital discharge care (diabetes, cardiac, chronic obstructive pulmonary disease, and cancer to name a few chronic conditions), and behavior health follow up including counseling for anxiety, depression, medical management of psychiatric diagnoses, and addiction treatment.

Continued availability of these services post COVID will go a long way in helping improve the health of our patients. Providing this service locally within the context of a trusted provider relationship should be encouraged to continue, from a safety and quality of care standpoint, since this service is allowed to occur across state lines through national programs and large companies linked to insurers where medical advice is offered routinely by a provider with no relationship to the patient or access to their electronic medical record.

This bill brings Maryland in line with neighboring jurisdictions that passed legislation to ensure access to necessary health care, regardless of the modality through which it is delivered.

Backing 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, wherever they are. Support the Preserve Telehealth Access Act. I urge the committee’s favorable report on HB123-SB3 Preserve Telehealth Access Act, with amendments confirmed by the Maryland Hospital Association.

Sincerely,

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