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January 27, 2021

The Honorable Shane Pendergrass, Chair
House Health and Government Operations Committee
Room 241, House Office Building
6 Bladen Street
Annapolis, Maryland 21401

RE: House Bill 123 – Preserve Telehealth Act of 2021 - SUPPORT

Dear Chair Pendergrass,

The American Physical Therapy Association Maryland is writing to register our strong support of House Bill 123.

Among the many provisions of House Bill 123, it makes clarifications to the State Medicaid program by broadly defining where patients can be cared for via telehealth including in their homes and will also allow for audio only communication. The bill additionally requires commercial insurers to pay the same for telehealth visits as they do for in person visits and to allow for audio only communication. In all instances with telehealth it is important to allow for providers and patients to determine what is best and appropriate to be delivered via telehealth.

Telehealth and Implications for Physical Therapy Practice

The COVID-19 pandemic has forced health care providers and payers to reconsider how care is delivered in order to reduce the risk of further spreading infection. Access to telehealth has become of paramount importance to ensure the safety of patients and their physical therapy providers. For the duration of this public health emergency, states and many private payers have created telehealth policies that have ensured access to the health care, including physical therapy, that patients need.

While telehealth has played a crucial role in providing needed care during the pandemic, it has become increasingly clear that its many benefits can be utilized well beyond the immediate COVID-19 health emergency. For patients who have difficulty leaving their homes without assistance, have underlying health conditions, lack transportation, or would need to travel long distances, the ability to access physical therapy via telehealth greatly reduces the burden on the patient and family when accessing care.

Telehealth is particularly well-suited for physical therapy, especially when used as an enhancement to services rather than exclusively as a replacement. Education and home exercise programs, including those focused on falls prevention, function particularly well with telehealth because the physical therapist is able to evaluate and treat the patient within the real-life context of their home environment, which is not easily replicable in

the clinic. Patient and caregiver self-efficacy are inherent goals of care provided by physical therapists. A patient's and/or caregiver's ability to interact in their own environment with a therapist when they are facing a challenge, rather than waiting for the next appointment, can be invaluable in supporting the adoption of effective strategies to improve function, enhance safety, and promote engagement.

Payment Parity

Payment parity for telehealth is critical, for several reasons. First, most of the cost of a service is attributed to the work relative value unit (RVU) of the Current Procedural Terminology (CPT®) code. Accordingly, the work RVU does not change when care is delivered via telehealth. Second, the practice expense may actually be higher when providing care via telehealth. Although a provider may offer some services via telecommunications technology, they most likely **also** are continuing to provide in-person care in an office. Delivering care via telecommunications technology requires an ongoing investment in technology, IT support, HIPAA-compliant telehealth platforms, and more. Accordingly, the practice expense for telehealth is higher in many instances. Third, liability and malpractice risks are similar to those for in-person services — and may even incur additional costs. For instance, some liability insurers will require providers to purchase a supplemental telehealth insurance policy.

APTA Maryland supports legislation or regulations that would PERMANENTLY allow all physical therapy providers to use telehealth as well as require coverage and reimbursement under Medicaid, Worker's Compensation, and commercial plans to the same extent as for physical therapist services furnished in-person.

For the reasons noted above we ask for a favorable report on House Bill 123.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Platt", with a stylized flourish at the end.

Kevin Platt, PT, DPT, MBA
President, APTA Maryland