

TO: The Honorable Shane Pendergrass
Chair, House Health Government and Operations Committee

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Johns Hopkins supports **House Bill 123 - Preserve Telehealth Access Act of 2021**. 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

Johns Hopkins has prioritized expanding the use of the telehealth for the last several years. The COVID-19 pandemic has exacerbated the need for and provided an opportunity to prove the value of telehealth. Since the beginning of the pandemic in March 2020, Johns Hopkins Medicine has completed over 700,000 telemedicine visits. Across the institution, approximately 19% of those visits (or more than 130,000 visits in the last 10 months) have been completed through audio-only or telephone modalities.

Even before the pandemic, there has been increasing recognition that telehealth is a tool to address physician shortages, expand access to numerous types of care including behavioral health services, and improve provider efficiencies. While the traditional method of delivering health care is dependent upon a physician or other health care provider to provide in-person care in real time, telehealth opens the door to new delivery models that extend the reach of the provider. It can help facilitate the transfer of clinical data from remote patient settings and remove barriers that have long limited access to specialty care in hard-to-reach areas.

As one of the largest health care providers in the state, Johns Hopkins agrees that all the components of HB3 are critical for ensuring the health and safety for all. However, perhaps the most important continuance would be for reimbursement for audio only health care. Johns Hopkins data proves access to this tool is really an issue of equity. Since the

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beginning of the pandemic, use of video compared to audio-only modalities has shown potentially meaningful disparities in access between different groups. Though across all of Johns Hopkins Medicine, approximately 19% of our telemedicine visits are completed using audio-only modalities, this use is not evenly distributed. Our commercially insured patients have completed only 10% of telemedicine visits via audio-only, compared to 24% for patients with Medicaid and 30% for patients with Medicare. Recently, in the last 3 months of 2020, our commercially insured patient audio-only rate has dropped to 7%, however our Medicaid and Medicare audio-only rates have remained disproportionately elevated at 22% and 24%, respectively. We share the disparities of the payers for the use of audio-only to highlight the Marylanders using audio-only are usually lower income and or older. Access to audio-only telehealth is an important tool for health equity. Eliminating access to audio-only care would mean eliminating a meaningful portion of access to healthcare in general for these Marylanders.

One remarkable feature of telehealth is the ability to provide quality care without sacrificing patient satisfaction. Johns Hopkins conducted patient surveys of their experience with telehealth overall and 9 out of 10 patients said they were moderately to extremely likely to recommend telehealth to a friend or family. Patient testimonials expressed appreciation for telehealth because of the efficiency, safety and flexibility this tool provides.

Johns Hopkins, and the entire world, has rapidly adapted to a largely virtual environment. Telehealth has been an essential tool as the world changes. This tool has enabled continuity of care for patients in need, engaging patients in care for the first time and likely saved lives. To roll back the use of telehealth at this point would be detrimental to patients' health and safety.

This bill will improve access to health care across Maryland better than any other recent legislation. Johns Hopkins urges a **favorable report on House Bill 123 – Preserve Telehealth Access Act**.