

TO: The Honorable Delegate Joseline A. Pena-Melnyk, Chair
House Health and Government Operations Committee

SB 534
Favorable

FROM: Annie Coble
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DATE: March 21, 2023

RE: SB 534 – PRESERVE TELEHEALTH ACCESS ACT OF 2023

Johns Hopkins supports **SB 534 – Preserve Telehealth Access Act of 2023**. This bill extends reimbursement of audio-only telehealth and parity reimbursement to June 30, 2025. Johns Hopkins is considered an expert in the field of telehealth, having delivered more than 1.6 million telemedicine visits since the beginning of the COVID-19 pandemic.

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 care in hard-to-reach areas.

Continuing audio only and parity reimbursement, as granted in the Preserve Telehealth Access Act of 2021, is essential to address the health care needs of Marylanders. Johns Hopkins data proves access to this tool is an issue of equity. Since the beginning of the pandemic, use of video compared to audio-only telehealth modalities has shown potentially meaningful disparities in access between different populations of patients. Approximately 17% of our telemedicine visits have been completed using audio-only modalities, but the use of this tool is not evenly distributed. Over the past 3 years [3/1/20-2/17/23], our commercially insured patients have completed only 7% of telemedicine visits via audio-only, compared to 28% for patients with Medicaid and 27% for patients with Medicare coverage. Recently, in the last 3 months of 2022, our commercially insured patient audio-only rate has dropped to 4%, however our Medicaid and Medicare audio-only rates have remained disproportionately elevated at 27% and 17%, respectively. We share the disparities of the payers for the use of audio-only to highlight the Marylanders using audio-only are disproportionately Medicaid-enrolled or older adults. Additionally, patients in rural Maryland counties and in predominantly Black neighborhoods in East and West Baltimore are more likely to use audio-only telehealth services. The data clearly show 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 health care in general for these Marylanders.

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Further, in an environment of high provider burnout, limited access to specialists, and staffing shortages, it is important to appropriately value the time that providers spend delivering care to patients. We support extension of telehealth reimbursement parity as part of SB534. As of the 2021 CMS Physician Fee Schedule, which recognized that indirect (non face-to-face) time on the same day of service should be part of the total billable time. In this 2021 rule, CMS acknowledged that valuing the amount of “work” that has gone into a visit goes well beyond the direct time spent with the patient – and that pre and post visit time, regardless of the physical location of the patient or provider, is equally important and valuable. We believe this assertion also applies to telehealth services. Continuing reimbursement parity will ensure provider work continues to be appropriately valued and patients will continue to have access to telehealth services.

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.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB534**.