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**Testimony of Shireen Atabaki, MD, MPH, FAAP**  
***Associate Medical Director, Telemedicine***  
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**Before**  
**Senate Education, Energy, and the Environment Committee**  
**IN SUPPORT OF**  
**SB 492: Public Schools – Student Telehealth Appointments – Policy and Access**  
**February 28, 2024**

Chairman Feldman, Vice Chair Kagan and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 492. My name is Shireen Atabaki, MD, MPH, FAAP, and I am the Associate Medical Director of Telemedicine at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

The Children's National Telehealth program enables our healthcare providers to help families, physicians and other healthcare partners receive care or guidance through video visits. These visits transcend geographic barriers through digital health<sup>1</sup>. Telehealth appointments account for a large portion of our clinical service. For example, our rate of telehealth is roughly 30% of all visits within Psychology alone. We are committed to promoting quality virtual health services for patients and families because we believe it can increase access to quality pediatric health care.

Children's National strongly supports SB 492, with the stated intent of requiring public middle and high schools in the state to designate a private space for student telehealth appointments. We know that children spend a large portion of their time in school and

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<sup>1</sup> More information about CNH's Telehealth Program can be found here: [Telehealth | Children's National Hospital \(childrensnational.org\)](https://www.childrensnational.org/telehealth)

according to a recent technical report by the American Academy of Pediatrics, “school-based telehealth programs have shown to increase opportunities for both acute and chronic care for children and adolescents, reduce pediatrician and pediatric provider travel, and provide an early means of evaluation and intervention for acutely ill patients, as well as address developmental, behavioral, and educational issues.<sup>2</sup>”

The COVID-19 pandemic increased the frequency of telehealth opportunities across the country. While the option of telehealth created greater access to care for some patient populations, it is important to be careful about creating or exacerbating inequities in care for certain patient populations<sup>3</sup>. Senate Bill 492 would help address some of these leading disparities in access to high-quality pediatric health care. By requiring public middle and high schools to provide a private space for students to participate in telehealth appointments during the school day, this would help eliminate or lessen broadband/technology barriers, school absences, and parents having to take leave from work to bring their child(ren) to in-person medical appointments.

I applaud Senator Kagan for introducing this important legislation and request a favorable report on Senate Bill 492. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

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<sup>2</sup> [Telehealth: Opportunities to Improve Access, Quality, and Cost in Pediatric Care](#)

<sup>3</sup> [Telehealth: Opportunities to Improve Access, Quality, and Cost in Pediatric Care](#)