



Maryland  
Hospital Association

February 18, 2020

To: The Honorable Pendergrass Chairman  
House Health & Government Operations Committee

From: Jennifer Witten, Vice President, Government Affairs, Maryland Hospital Association  
Re: Letter of Support: House Bill 448-Health Care Practitioners-Telehealth

Dear Chairman Pendergrass and Committee Members,

On behalf of the Maryland Hospital Association's (MHA) 61 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 448. Maryland's nonprofit hospitals and health systems care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day—delivering leading edge, high-quality medical service.

Increasingly hospitals are adopting telehealth and virtual visits to expand access to care and remove barriers to health services for Marylanders. House Bill 448 would strengthen these efforts and establish standards across all health occupation boards as it relates to the use of telehealth. The bill does not modify or diminish the role, oversight, safety and disciplinary action authority of the boards. The bill would allow for telehealth to meet patients' needs in different forms supported by a health care provider making recommendations for care and treatment. Additionally, the proposed legislation clarifies and streamlines the board's existing telehealth requirements. These requirements apply broadly across all types of telehealth—easing the burden on providers and hospitals to comply with separate sets of requirements depending on the technology they use.

The bill seeks to not limit the variety of telehealth applications allowing technology to meet the healthcare demand which should include asynchronous applications. The Center for Connected Health Policy (CCHP) shares several asynchronous telemedicine benefits, including the following:

- "Patients can get timely specialty care without needing to travel beyond the location of their primary care providers."
- "Wait times for specialty care are lessened, especially in areas with shortages of medical specialists."
- "The store-and-forward process can overcome language and cultural barriers and most importantly used when care decisions are time sensitive."<sup>i</sup>

A study published in the *Journal of General Internal Medicine* that compared blood pressure control and healthcare use between patients who received "virtual visits" structured as asynchronous online interactions and typical hypertension care concludes, "Among patients with

reasonably well-controlled hypertension, virtual visit participation was associated with equivalent blood pressure control and reduced in-office primary care utilization."<sup>ii</sup>

Further, the legislation is sensitive to several important consumer protections that ensure providers have necessary patient consent before providing telehealth and that they appropriately document telehealth services in compliance with HIPPA and privacy requirements. Telehealth is a potential tool to address physician shortages, expand access to behavioral health care, and improve efficiencies. Telehealth opens the door to new delivery models that extend the reach of the provider to where patients need care—anytime, anyplace.

The Maryland Model encourages unique approaches to providing care to patients in the community and improving population health. The proposed legislation is an important step to expand access to essential health care services and assist in meeting the goals of the Maryland Total Cost of Care Model.

For these reasons we urge a **favorable report on HB 448**.

For more information, please contact:  
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<sup>i</sup> <https://www.cchpca.org/about/about-telehealth/store-and-forward-asynchronous>

<sup>ii</sup> <https://link.springer.com/article/10.1007%2Fs11606-018-4375-0>