I’d like to begin by thanking Chairman Pinsky, Vice Chair Kagan, and the members of the Senate Education, Health, and Environmental Affairs Committee for holding this hearing.

I’m here to speak today on Senate Bill 402, offered by Senators Kagan and Lam.

My name is Krista Drobac and I serve as the Executive Director of the Alliance for Connected Care. Prior to this role, I ran the Health Division at the National Governors Association’s Center for Best Practices, worked at the Center for Medicare & Medicaid Services and served as Deputy Director of the Illinois Department of Healthcare and Family Services.

The Alliance is a DC-based organization dedicated to facilitating the delivery of high-quality care using connected care technology. Our members are leading health care and technology companies from across the health care spectrum, representing insurers, health systems and technology innovators, and our Advisory Board includes more than 25 patient and provider groups. We are proud that MedStar is one of our members with whom we work closely.

Telehealth, once thought of as a standalone tool, has evolved to become a critical component of the healthcare system of the future as adoption and utilization has soared. There are supporters here from the hospital community so I will focus on non-hospital-based telehealth, which grew nearly 1,400% between 2014-2018. Employer-based sponsorship of telehealth was at 74% in 2018, up 9% from the year before. Telehealth is not just about rural consultations anymore, it’s for urban and suburban patients who need access to care.

Telehealth, as delivered today, leverages asynchronous technologies, real-time video, and remote diagnosis and monitoring tools – and it is woven throughout all parts of the healthcare system. A patient may engage in a face-to-face visit for sinusitis or have their biometric data monitored remotely to keep their chronic disease well managed, or real-time text with their chosen practitioner with follow up questions. Telehealth leverages a full interdisciplinary team – allowing patients to see the right clinician for their individual needs, just as they would in an office-based setting. It is important that all practitioners, practicing within the boundaries of their license be able to use this modality.

As we continue to develop new uses and tools to support our healthcare practitioners, it is critical that our laws remain flexible enough to adapt to new technologies while balancing the patient protections necessary to ensure that clinicians remain in key decision-making roles – particularly when prescribing medications.

One of the hallmarks of our advocacy has been that telehealth is healthcare. The most important thing we can do here today is to trust clinicians and consumers to use telehealth tools wisely – delivering the same care that they have always delivered, just in a way that increases access to people in rural and underserved areas, speeds the delivery of care for those in need, and often reduces costs.
Senate Bill 402 is the right approach for Maryland – it lays out clear definitions for practitioners to be licensed and practice telehealth in Maryland. It also includes strong protections – such as the clarity that telehealth providers will always be held to the same standards as in-person providers.

Thank you.