February 8, 2021

The Honorable Adrienne A. Jones
State House, H-101
State Circle
Annapolis, MD 21401

Re: House Bill 732

Dear Speaker Jones:

The Alliance for Connected Care (the Alliance) is an advocacy 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, Amazon, Walmart and CVS are all members that have major presence in Maryland.

While we are absolutely on board with the idea of cross-state licensure, and have lobbied intensively to break down state barriers to licensure portability, we stand in opposition to House Bill 732. We believe that without amendments, this bill re-creates the burdens of the licensing process, and unnecessary requirements to ensure patient safety, under a different name. It does not help Maryland providers treat patients outside of Maryland nor does it significantly reduce the administrative and financial burden of allowing non-Maryland providers to treat Maryland patients by telemedicine.

While we do not the support the passage of this bill, and believe the framework of a Medical Excellence Zone (explained below), following are changes that would at least improve the bill:

- **Application section.** This form is to be developed by the Health Occupations Board and the Alliance believes this application is just as burdensome as the licensure application.

- **Fee.** The burden of crossing state lines is not only the licensure process, but also the expense associated with the license. Charging a fee is not really creating cross-state licensure, but rather re-creating the burden that this bill is trying to alleviate.

- **Background check requirement.** This is a time-consuming administrative process that is often unnecessary given licensure in another state and the credentialing process. We suggest that a recently completed criminal background check for another purpose should suffice, or that it be sufficient that the home state of licensure has completed a check.
• **Limitations on delegated care.** Maryland’s rules on standing orders in general are not clear (MD Code, Health Occupations, § 8-101(n)(2)), but do not explicitly require that delegated medical acts come from a Maryland-licensed MD. We are concerned that this language may impact how RNs provide in-person services ordered by an MD with this licensure type.

• **Limitations on prescribing controlled substances.** Federal law prohibits online prescribing for controlled substances. Under the Ryan Haight Online Pharmacy Consumer Protection Act, a practitioner cannot issue a prescription for a controlled substance by means of the internet (which includes telemedicine) without having first conducted at least one in-person medical evaluation. During the pandemic, DEA waived these rules for certain scheduled drugs, and national mental health organizations have been busy trying to get DEA to make the rules more feasible for people with opioid-dependence who need MAT treatment during the pandemic. The only Maryland rules on prescribing, which are redundant to federal rules, limit prescribing opioids for pain treatment (outside of a facility setting See Code of Md. Regs. § 10.32.05.06. There is no need for additional prescribing rules, and as we have seen with the MAT example, new rules can have unintended consequences of preventing access for people with mental health and substance abuse conditions.

We request that the Committee consider an alternative called the **Medical Excellence Zone.** The Medical Excellence Zone is an area defined by multiple state borders where medical practitioners may practice across state lines. Practitioners may not establish physical practices in states where they are not licensed but as long as they are licensed and in good standing with one state in the Zone, they may practice across state lines. Key features of the Medical Excellence Zone include:

- The medical board or nursing board in the state in which the provider is licensed remains primarily responsible for the oversight of the practitioner.
- Close and ongoing collaboration and information sharing between states ensures that medical malpractice and other important licensure issues are dealt with proactively and effectively.
- Practitioners wishing to practice within the Zone register and are verified by a central regional registrar.
- Patients consent to being treated by an out of state provider and attest to understanding that the laws of the provider’s state apply to the visit.

These administrative and financial burdens must be addressed in order for Marylanders to have the ability to access the telehealth services they need. Thank you for your consideration, we look forward to working with you on this important effort. Please contact Tharini Sathiamoorthy at 202-262-2511 or tharini.sathiamoorthy@connectwithcare.org with any questions.

Sincerely,

Krista Drobac
Executive Director
Alliance for Connected Care