



February 8, 2022

The Honorable Shane E. Pendergrass, Chair
House Health and Government Operations Committee
Maryland House of Delegates
House Office Building, Room 241
Annapolis, MD 21401

Re: House Bill 670 - Support

Dear Chair Pendergrass:

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 40 patient and provider groups.

We are writing to express our support for House Bill 670, which would require the Maryland Health Care Commission (MHCC) to study the ways that interstate telehealth can be expanded to allow Maryland residents to use telehealth to receive health services from out-of-state practitioners.

As a telehealth advocacy organization, the Alliance believes that one of the biggest barriers to telehealth becoming a regular patient and provider choice is the administrative burden caused by the variation in licensure requirements from state to state. This bill would allow the state to evaluate the role interstate telehealth can play in addressing health care needs. We believe such a study is critical to help show the value expanding interstate telehealth practice can have on increasing access to care and ensuring continuity of care, particularly for rural and underserved areas and areas experiencing provider shortages.

Maryland is home to practitioners in all areas of health care, but who are not always accessible to the people who need them. Parents with children with diseases like epilepsy, pediatric cancer, autism, and others often have to drive across states to get needed specialty care. Elderly patients with mobility issues have to find ways to be seen by specialists. Americans across the demographic spectrum suffering from mental health and substance use disorders have to drive long distances for care. Sometimes even getting appointments for primary care issues is difficult in a geographic area.

Health care professionals are prohibited from treating patients in states where they are not licensed, but the state-by-state licensing processes are burdensome and expensive. Uniform national standards across clinical practice areas are in place, but there is wide variation in state licensing processes. Another barrier is the expense. Licenses in a single state can cost upwards of \$1,000, and application fees on top of the licensing fees can add up.

The increase in the use of telehealth during the COVID-19 pandemic has highlighted its ability to improve patient access to care. Telehealth can be permanently integrated into the health care system in ways that can improve access, care coordination, medication adherence, post-operative care, diagnostic testing review, and patient engagement, and to reduce patient travel burden.



At the outset of the pandemic, all 50 states and the District of Columbia used emergency authority to [waive](#) some aspect(s) of state licensure laws to facilitate patient access to care. In Maryland, health care practitioners that held a valid, unexpired license issued by another state were authorized to provide telehealth services to patients in the state so long as they were licensed and in good standing, without first obtaining a license or practice letter from the applicable Maryland licensing agency or board.

These licensure flexibilities provided health care practitioners more flexibility to treat patients in other states when there were pressing needs or specialized expertise not available where they lived. Our experience during the pandemic has provided an unprecedented opportunity for patients, providers, and policymakers to explore the impact of cross-state care. We have seen it benefit the delivery of health care in many ways, but most notably through new avenues for patient access to care.

Over the last few months, many states, including Maryland, have allowed COVID-19 emergency declarations to expire and licensure flexibilities to expire with it, despite the ongoing pandemic and surge in cases due to the Delta and Omicron variants. This has been extremely detrimental and disruptive to necessary and ongoing patient care. Health care providers have had to [scramble to notify thousands of out-of-state patients](#) that their telehealth appointments were no longer possible, and that they would have to drive across state borders to keep their appointments. It is not uncommon for patients to [drive just over the state border](#) just to take a telehealth appointment from their car in a parking lot.

Patients should be at the center of their health care. This means they should be able to access the care they need where they reside and when they need it, without having to choose between cancelling an appointment or traveling long distances to see a provider.

Through this study, MHCC could consider exploring the benefits of interstate telehealth models like the [Medical Excellence Zone](#), which would adopt a policy of mutual recognition in Maryland, Virginia, and D.C. Through this model, a provider that is licensed and in good standing in one jurisdiction within the Zone could practice in any other jurisdiction in the Zone via telehealth without having to obtain an additional license. This model would increase flexibility for patients to access their health care providers, enable stronger patient-provider relationships, and enhance continuity of care, among other benefits.

While the anecdotal stories around this issue are numerous, there is a need for more data to showcase the value interstate telehealth had throughout the pandemic in ensuring continued, and in some instances expanded, access to care for patients across the state of Maryland. More needs to be done to address the patchwork of licensure laws that exist from state to state to ensure patients can continue to be at the center of their care. The study proposed in House Bill 670 is a critical step in doing so, and we strongly encourage the House Health and Government Operations Committee to support this legislation.

Thank you for your consideration. We look forward to working with you on this important effort. Please contact Casey Osgood at 203-536-5865 or casey.osgood@connectwithcare.org with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Krista Drobac".

Krista Drobac
Executive Director
Alliance for Connected Care