



MEMORANDUM

DATE: December 15, 2022
TO: Commissioners
FROM: David Sharp,
Director, Center for Health Information Technology & Innovative Care Delivery
RE: Telehealth Study – Changes to Recommendations Report

Background

The *Preserve Telehealth Access Act of 2021* requires MHCC to study the impact of telehealth and develop recommendations on telehealth coverage and payment levels relative to in-person care. Draft recommendations presented at the November 17th Commission meeting were released for public comment on November 21st. Staff received 11 letters from stakeholders (copies included in Appendix E of the recommendations report).

- ATA Action, the American Telemedicine Association affiliated trade association
- CareFirst BlueCross BlueShield
- Community Behavioral Health Association of Maryland
- Johns Hopkins Medicine, Office of Telemedicine
- Legal Action Center
- Maryland Coalition of Families
- MedStar Health
- Maryland Hospital Association
- Planned Parenthood of Maryland
- Public Policy Partner Clients
- University of Maryland Medical System

Summary of Changes

The *Background* section expands on consumer views and engagement in telehealth for children and older youths. The *About this Report* section clarifies recommendations do not fully align with the 2023 Medicare PFS, noting potential challenges for Medicaid based on financial limitations of the State's budget; also added was information that modifications were made to the final report based on stakeholder feedback. Changes to the recommendations and supporting rationale include: *Recommendation 1* clarifies that use of telehealth is permitted for interprofessional consultations and health care providers include a substance use disorder program; *Recommendation 2* clarifies provider discretion on when to use audio-only telehealth; *Recommendation 3* clarifies that patient consent can be obtained when RPM services are initiated; *Recommendation 4* clarifies alignment of hospice telehealth services with the profession's standard of care; *Recommendation 5* eliminates telehealth frequency in hospital inpatient and nursing home settings and clarifies in-person visits can be provided by any treating physician; *Recommendations 8, 9, 10, and 12* clarify select telehealth terms noting definitions are intended to clarify, not replace existing definitions in statute.

Staff Recommendation

Staff recommends the Commission approve changes to the telehealth study recommendations report.