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TO: The Honorable Peter A. Hammen, Chairman
Members, House Health & Government Operations Committee
The Honorable Michael D. Smigiel

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: January 20, 2011

RE: **SUPPORT WITH AMENDMENTS** – House Bill 14 – *Health Insurance – Medically Underserved Areas and Populations – Reimbursement for Covered Services Rendered by Telemedicine*
SUPPORT WITH AMENDMENTS – House Bill 16 – *Task Force to Study the Use of Telemedicine in Medically Underserved Populations and Areas*
SUPPORT WITH AMENDMENTS – House Bill 17 – *Department of Health and Mental Hygiene – Use of Federal Funds – Priority for Medically Underserved Areas*

The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, supports House Bills 14, 16 and 17 with amendments.

The use of telemedicine to address issues of access and the provision of timely, high quality medical services is a subject worthy of focused attention by policy makers, health care professionals and health care institutions. The bills proposed by Delegate Smigiel seek to address the use of telemedicine specifically in medically underserved areas. House Bill 14 requires that insurers reimburse health care providers for services rendered through telemedicine; House Bill 16 seeks to establish a task force to study the use of telemedicine in medically underserved areas; and House Bill 17 requires that the receipt of certain federal funds be prioritized for use in medically underserved areas. While MedChi applauds and supports Delegate Smigiel's efforts to address access to care issues in medically underserved areas through the use of telemedicine, it believes that the

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legislation should be amended to both broaden its impact beyond medically underserved areas and to recognize and incorporate the existing programs and task force efforts that are currently in progress regarding the use of telemedicine.

There currently exists a Task Force on Telemedicine, convened in the spring of 2010 through the Governor's Health Quality and Cost Council that has focused specifically on the use of telemedicine with respect to patients who have suffered a stroke. While the deliberations have focused specifically on services related to strokes, there is interest in expanding the focus of the work to more broadly consider the potential benefits and limitations of telemedicine both in medically underserved areas and in the health care delivery system generally. As the Task Force deliberations broaden, the stakeholders at the table will be broadened as well.

The Board of Physicians has also been working to develop a regulatory framework for the use of telemedicine and other electronic forms of patient communication. The Board's efforts in that regard illustrate the challenge of appropriately structuring programs that enhance access to high quality medical services while ensuring proper protection of the patient and regulatory oversight. The use of telemedicine holds great promise but also raises significant issues with respect to liability, patient communication, physician patient relationships and other issues that must be carefully considered. MedChi applauds Delegate Smigiel for his foresight in recognizing telemedicine as an avenue to address the daunting access issues faced by individuals in medically underserved areas and looks forward to working with him to broaden the dialogue on the appropriate use and reimbursement of telemedicine services.

For more information call:

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