TO: The Honorable Thomas M. Middleton, Chair
    Members, Senate Finance Committee
    The Honorable Delores G. Kelley

FROM: Pamela Metz Kasemeyer
       J. Steven Wise
       Danna L. Kauffman

DATE: February 3, 2016

RE: SUPPORT – Senate Bill 242 – Maryland Medical Assistance Program –
    Telemedicine – Modification

On behalf of the Mid-Atlantic Association of Community Health Centers (MACHC), the Maryland
Chapter of the American Academy of Pediatrics (MDAAP), and the Maryland State Medical Society
(MedChi), we support Senate Bill 242.

Senate Bill 242 seeks to ensure that primary care services can be provided under Medicaid via
telemedicine. The bill also removes a significant impediment to the provision of telemedicine services under
Medicaid generally by prohibiting the Department from requiring administrative procedures for the provision
of telemedicine services that are not required in the provision of in-person services, including provider
participation addendums.

While the current regulations do not prohibit the provision of primary care services via telemedicine,
the regulatory structure that has been adopted which requires an administratively complex and burdensome
provider addendum process for authorization to provide services, essentially renders telemedicine inaccessible
as an option for primary care and has significantly curtailed its use in the provision of specialty services as
well.

The General Assembly has recognized that the use of telemedicine services holds great promise for
addressing access to care challenges. While the initial focus of its use was on access to specialty care,
primary care service access challenges can also be addressed through the use of telemedicine services.

There continues to be a concern that the expansion of the use of telemedicine services will increase
costs to the program. However, the experience in other States where Medicaid has long reimbursed for
telemedicine, and with commercial carriers, has demonstrated that the fiscal impact is minimal and does not
account for the savings that could result from increased access to high quality services that are currently
unavailable.

Current barriers to the use of telemedicine services under Medicaid should be removed, both for
specialty care and the provision of primary care services. Passage of Senate Bill 242 is a step in that
direction. For the reasons stated, MACHC, MDAAP and MedChi urge a favorable report on Senate Bill 242.

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