

Dear Senator Sanborn, Representative Tepler and distinguished members of the Health Coverage, Insurance, and Financial Services Committee I am a practicing pediatric nurse practitioner at Penobscot Pediatrics and an Assistant Professor at the University of Maine in the School of Nursing. I serve as a member of the board of the Maine Chapter of the American Academy of Pediatrics. I am here today representing both the University of Maine and the Maine Chapter of the American Academy of Pediatrics.

I am testifying today in support of LD 333 An Act Regarding Telehealth presented by Representative Patricia Hymanson.

You have and will hear testimony on evidence supporting the benefits of telehealth in regards to improving access to healthcare and reducing healthcare costs, which is particularly salient in a rural state such as Maine.

However, I would like to take this opportunity to share my experience as a pediatric nurse practitioner and an Assistant Professor to highlight how telehealth not only improves access to care but most importantly can improve quality of care and quality-of-life using as one example children, adolescents and their families who have chronic illnesses. Furthermore, telehealth can also serve as a conduit to forge collaborative partnerships between healthcare providers and universities to achieve these outcomes.

Let me illustrate this point with a focus on pediatric asthma. According to statistics from the Maine CDC, 11.2% of Maine adults currently have asthma compared to 7.7% nationally. The rate of childhood asthma in Maine is 8.0% similar to the 8.4% nationally. Of course, children do grow up to be adults.

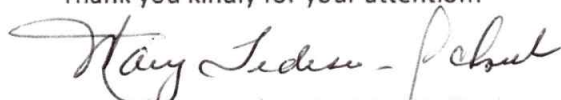
We know that there is an economic burden associated with asthma which includes costs of emergency room care and hospitalizations but asthma also poses significant direct personal and indirect societal costs. An indirect societal cost can be related to days missed from school which often equates to lost work time and productivity for parents of children with asthma. The impact on quality of life for children and adolescents includes the scary experiences associated with exacerbations (e.g., not being able to breathe, being admitted to the hospital), activity limitations, and days missed from school.

Telehealth has been demonstrated to improve quality of life for children with asthma. It allows providers to work with children, adolescents and their families on asthma education, monitoring symptoms, and tailoring asthma treatment. Through the technology of telehealth, we can actually determine level of control by monitoring pulmonary functions in the home with telehealth equipment. Traditionally (without telehealth) multiple visits are required to achieve this level of care. However, with the availability of telehealth services there is improved access and reduced associated costs of travel to achieve these health outcomes.

Telehealth also provides the opportunity for collaborative partnerships between healthcare providers and universities which can improve access to care and improved quality of care and quality of life. For example, the University of Maine Systems just recently received a \$1 million grant from the USDA of

which a portion is allocated for telehealth equipment to be used with our clinical partners. As the author of that portion of the grant, I requested funding for telehealth equipment which included the pulmonary function equipment I spoke of earlier. Additionally, a university is in the unique position of educating our future health care providers in providing evidenced base telehealth services. Students also contribute to the healthcare work force and these collaborations can improve care and health. For example, the nursing students from the University of Maine administered over 10,000 Covid vaccines during this pandemic! Imagine what we could do as partners in care through the use of telehealth.

Thank you kindly for your attention!



Mary Tedesco-Schneck PhD, RN, CPNP  
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#### References

Maine CDC. (2021). *Asthma in Maine*. <https://www.maine.gov/dhhs/mecdc/population-health/mat/asthma-information/asthma-in-maine.shtml>

Snoswell, C.L. & Lalor, A. (2021). A systematic review and meta-analysis of change in health-related quality of life for interactive telehealth interventions for patients with asthma. *Value in Health*, 24(2), 291-302.



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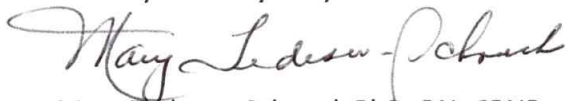
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Mary Tedesco-Schneck  
Bangor

The testimony is the same on both documents but I am speaking on behalf of 2 organizations so I did not know if it had to be on the letterhead of both organizations.