

# SENATE BILL 393

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By: **Senator Augustine**

Introduced and read first time: January 15, 2021

Assigned to: Finance

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## A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program and Health Insurance – Coverage and**  
3 **Reimbursement of Telehealth Services**

4 FOR the purpose of altering the health care services the Maryland Medical Assistance  
5 Program is required to provide through telehealth; repealing a certain limitation on  
6 the requirement that the Program provide certain health care services through  
7 telehealth; altering the circumstances under which the Program is required to  
8 provide health care services through telehealth; requiring, subject to certain  
9 requirements, that certain provisions of law relating to coverage of and  
10 reimbursement for health care services delivered through telehealth apply to the  
11 Program and managed care organizations in a certain manner; authorizing the  
12 Maryland Department of Health to adopt certain regulations relating to telehealth  
13 services provided to Program recipients; requiring the Department to include certain  
14 health care providers and programs when specifying by regulation the types of  
15 health care providers eligible to receive certain reimbursement; repealing certain  
16 authorization of the Department relating to the coverage of and reimbursement for  
17 health care services that are delivered through store-and-forward technology or  
18 remote patient monitoring; establishing, for a certain purpose and certain standards,  
19 that a health care service provided through telehealth is equivalent to the same  
20 health care service when provided through an in-person consultation under certain  
21 circumstances; authorizing the Department to apply to the Centers for Medicare and  
22 Medicaid Services for a certain amendment to certain waivers to implement certain  
23 requirements of this Act; repealing certain authorization provided to the Department  
24 to require submission of a certain form to the Department; repealing a certain  
25 requirement that the Department apply for a certain amendment to certain waivers  
26 to implement a certain pilot program relating to the provision of certain telehealth  
27 services; repealing a requirement that the Department administer the pilot program,  
28 collect certain data, and submit certain reports to the General Assembly; requiring  
29 certain insurers, nonprofit health service plans, and health maintenance  
30 organizations to provide certain coverage for certain services delivered through  
31 telehealth regardless of the location of the patient at the time the services are

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 provided; establishing that a certain requirement relating to coverage of certain  
2 health care services delivered through telehealth includes coverage for the treatment  
3 for substance use disorders and mental health conditions; requiring certain insurers,  
4 nonprofit health service plans, and health maintenance organizations to reimburse  
5 certain health care services provided through telehealth in a certain manner and at  
6 a certain rate; requiring a certain utilization review by certain insurers, nonprofit  
7 health service plans, and health maintenance organizations to comply with certain  
8 State and federal laws; requiring certain insurers, nonprofit health service plans,  
9 and health maintenance organizations to allow an insured patient to select the  
10 manner in which a health care service is delivered; prohibiting certain insurers,  
11 nonprofit health service plans, and health maintenance organizations from requiring  
12 an insured patient to use telehealth in lieu of in-person service delivery; authorizing  
13 certain insurers, nonprofit health service plans, and health maintenance  
14 organizations to use telehealth to satisfy certain network access standards under  
15 certain circumstances; repealing the requirement that the Department study and  
16 submit a certain report to the General Assembly; requiring the Department to revise  
17 certain regulations for a certain purpose on or before a certain date; revising,  
18 restating, and recodifying certain provisions of law relating to the Program and  
19 reimbursement of services provided through telemedicine and telehealth; defining  
20 certain terms; altering certain definitions; providing for the application of this Act;  
21 and generally relating to the coverage and reimbursement of health care services  
22 delivered through telehealth.

23 BY repealing and reenacting, without amendments,

24 Article – Health – General

25 Section 15–103(a)(1)

26 Annotated Code of Maryland

27 (2019 Replacement Volume and 2020 Supplement)

28 BY repealing and reenacting, with amendments,

29 Article – Health – General

30 Section 15–103(a)(2)(xv), 15–105.2, and 15–141.2

31 Annotated Code of Maryland

32 (2019 Replacement Volume and 2020 Supplement)

33 BY repealing and reenacting, with amendments,

34 Article – Insurance

35 Section 15–139

36 Annotated Code of Maryland

37 (2017 Replacement Volume and 2020 Supplement)

38 BY repealing

39 Chapter 17 of the Acts of the General Assembly of 2020

40 Section 3

41 BY repealing

42 Chapter 18 of the Acts of the General Assembly of 2020

## 1 Section 3

2 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
3 That the Laws of Maryland read as follows:

4 **Article – Health – General**

5 15–103.

6 (a) (1) The Secretary shall administer the Maryland Medical Assistance  
7 Program.

8 (2) The Program:

9 (xv) Shall provide[, subject to the limitations of the State budget,  
10 mental] health CARE services appropriately delivered through telehealth to a patient in  
11 [the patient’s home setting] **ACCORDANCE WITH § 15–141.2 OF THIS SUBTITLE**; and

12 15–105.2.

13 [(a)] The Program shall reimburse health care providers in accordance with the  
14 requirements of Title 19, Subtitle 1, Part IV of this article.

15 [(b) (1) (i) In this subsection the following words have the meanings  
16 indicated.

17 (ii) “Health care provider” means a person who is licensed, certified,  
18 or otherwise authorized under the Health Occupations Article to provide health care in the  
19 ordinary course of business or practice of a profession or in an approved education or  
20 training program.

21 (iii) 1. “Telemedicine” means, as it relates to the delivery of  
22 health care services, the use of interactive audio, video, or other telecommunications or  
23 electronic technology:

24 A. By a health care provider to deliver a health care service  
25 that is within the scope of practice of the health care provider at a site other than the site  
26 at which the patient is located; and

27 B. That enables the patient to see and interact with the  
28 health care provider at the time the health care service is provided to the patient.

29 2. “Telemedicine” does not include:

30 A. An audio-only telephone conversation between a health  
31 care provider and a patient;

1 B. An electronic mail message between a health care provider  
2 and a patient; or

3 C. A facsimile transmission between a health care provider  
4 and a patient.

5 (2) To the extent authorized by federal law or regulation, the provisions of  
6 § 15–139(c) through (f) of the Insurance Article relating to coverage of and reimbursement  
7 for health care services delivered through telemedicine shall apply to the Program and  
8 managed care organizations in the same manner they apply to carriers.

9 (3) Subject to the limitations of the State budget and to the extent  
10 authorized by federal law or regulation, the Department may authorize coverage of and  
11 reimbursement for health care services that are delivered through store and forward  
12 technology or remote patient monitoring.

13 (4) (i) The Department may specify by regulation the types of health  
14 care providers eligible to receive reimbursement for health care services provided to  
15 Program recipients under this subsection.

16 (ii) If the Department specifies by regulation the types of health care  
17 providers eligible to receive reimbursement for health care services provided to Program  
18 recipients under this subsection, the types of health care providers specified shall include:

19 1. Primary care providers; and

20 2. Psychiatrists and psychiatric nurse practitioners, as  
21 defined in § 10–601 of this article, who are providing Assertive Community Treatment or  
22 mobile treatment services to Program recipients located in a home or community–based  
23 setting.

24 (iii) For the purpose of reimbursement and any fidelity standards  
25 established by the Department, a health care service provided through telemedicine by a  
26 psychiatrist or a psychiatric nurse practitioner described under subparagraph (ii)<sup>2</sup> of this  
27 paragraph is equivalent to the same health care service when provided through an  
28 in–person consultation.

29 (5) The Department may require a health care provider to submit a  
30 registration form to the Department that includes information required for the processing  
31 of claims for reimbursement for health care services provided to Program recipients under  
32 this subsection.

33 (6) The Department shall adopt regulations to carry out this subsection.]

34 15–141.2.

35 (a) [(1) In this section, “telehealth” means a mode of delivering health care

1 services through the use of telecommunications technologies by a health care practitioner  
2 to a patient at a different physical location than the health care practitioner.]

3 (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS  
4 INDICATED.

5 (2) “DISTANT SITE” MEANS A SITE AT WHICH THE LICENSED DISTANT  
6 SITE HEALTH CARE PROVIDER IS LOCATED AT THE TIME THE HEALTH CARE SERVICE  
7 IS PROVIDED THROUGH TELEHEALTH.

8 (3) “DISTANT SITE PROVIDER” MEANS THE LICENSED HEALTH CARE  
9 PROVIDER WHO PROVIDES MEDICALLY NECESSARY SERVICES TO A PATIENT AT AN  
10 ORIGINATING SITE FROM A DIFFERENT PHYSICAL LOCATION THAN THE LOCATION  
11 OF THE PATIENT.

12 (4) “HEALTH CARE PROVIDER” MEANS:

13 (I) A PERSON WHO IS LICENSED, CERTIFIED, OR OTHERWISE  
14 AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH  
15 CARE IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION OR  
16 IN AN APPROVED EDUCATION OR TRAINING PROGRAM; OR

17 (II) A MENTAL HEALTH AND SUBSTANCE USE DISORDER  
18 PROGRAM LICENSED IN ACCORDANCE WITH § 7.5-401 OF THIS ARTICLE.

19 (5) “ORIGINATING SITE” MEANS THE LOCATION OF THE PROGRAM  
20 RECIPIENT AT THE TIME THE HEALTH CARE SERVICE IS PROVIDED THROUGH  
21 TELEHEALTH.

22 (6) “REMOTE PATIENT MONITORING SERVICES” MEANS THE USE OF  
23 SYNCHRONOUS OR ASYNCHRONOUS DIGITAL TECHNOLOGIES THAT COLLECT OR  
24 MONITOR MEDICAL AND OTHER FORMS OF HEALTH CARE DATA FOR PROGRAM  
25 RECIPIENTS AT AN ORIGINATING SITE AND ELECTRONICALLY TRANSMIT THAT DATA  
26 TO A DISTANCE SITE PROVIDER TO ENABLE THE DISTANT SITE PROVIDER TO ASSESS,  
27 DIAGNOSE, CONSULT, TREAT, EDUCATE, PROVIDE CARE MANAGEMENT, SUGGEST  
28 SELF-MANAGEMENT, OR MAKE RECOMMENDATIONS REGARDING THE PROGRAM  
29 RECIPIENT’S HEALTH CARE.

30 [(2)] (7) (I) “TELEHEALTH” MEANS THE DELIVERY OF  
31 MEDICALLY NECESSARY SOMATIC OR BEHAVIORAL HEALTH SERVICES TO A PATIENT  
32 AT AN ORIGINATING SITE BY A DISTANT SITE PROVIDER THROUGH THE USE OF  
33 TECHNOLOGY-ASSISTED COMMUNICATION.

1 (II) “Telehealth” includes [synchronous]:

2 1. SYNCHRONOUS and asynchronous interactions;

3 2. AUDIO-ONLY DELIVERY OF A HEALTH CARE SERVICE  
4 BETWEEN A HEALTH CARE PROVIDER AND PATIENT USING TELECOMMUNICATIONS  
5 TECHNOLOGY;

6 3. STORE-AND-FORWARD COMMUNICATIONS; AND

7 4. REMOTE PATIENT MONITORING SERVICES.

8 [(3)] (III) “Telehealth” does not include the provision of health care  
9 services solely through [audio-only calls,] e-mail messages, or facsimile transmissions.

10 [(b) (1) On or before December 1, 2020, the Department shall apply to the  
11 Centers for Medicare and Medicaid Services for an amendment to any of the State’s § 1115  
12 waivers necessary to implement a pilot program to provide telehealth services to Program  
13 recipients regardless of the Program recipient’s location at the time telehealth services are  
14 provided.

15 (2) Telehealth services available under the pilot program shall be limited  
16 to chronic condition management services.

17 (c) If the amendment applied for under subsection (b) of this section is approved,  
18 the Department shall administer the pilot program.

19 (d) The Department shall collect outcomes data on recipients of telehealth  
20 services under the pilot program to evaluate the effectiveness of the pilot program.

21 (e) On or before December 1, 2020, and every 6 months thereafter until the  
22 application described under subsection (b) of this section is approved, the Department shall  
23 submit a report to the General Assembly, in accordance with § 2-1257 of the State  
24 Government Article, on the status of the application.

25 (f) If the amendment applied for under subsection (b) of this section is approved,  
26 on or before December 1 each year following the approval, the Department shall submit a  
27 report to the General Assembly, in accordance with § 2-1257 of the State Government  
28 Article, on the status of the pilot program.]

29 (B) THE PROGRAM SHALL:

30 (1) PROVIDE HEALTH CARE SERVICES APPROPRIATELY DELIVERED  
31 THROUGH TELEHEALTH TO PROGRAM RECIPIENTS REGARDLESS OF THE LOCATION  
32 OF THE PROGRAM RECIPIENT AT THE TIME THE TELEHEALTH SERVICES ARE

1 PROVIDED; AND

2 (2) ALLOW A DISTANT SITE PROVIDER TO PROVIDE HEALTH CARE  
3 SERVICES TO A PROGRAM RECIPIENT FROM ANY LOCATION AT WHICH THE HEALTH  
4 CARE SERVICES MAY BE DELIVERED THROUGH TELEHEALTH.

5 (C) THE SERVICES REQUIRED TO BE PROVIDED UNDER SUBSECTION (B) OF  
6 THIS SECTION SHALL INCLUDE MENTAL HEALTH CARE AND SUBSTANCE USE  
7 DISORDER SERVICES.

8 (D) (1) THE DEPARTMENT MAY SPECIFY BY REGULATION THE TYPES OF  
9 HEALTH CARE PROVIDERS ELIGIBLE TO RECEIVE REIMBURSEMENT FOR HEALTH  
10 CARE SERVICES PROVIDED TO PROGRAM RECIPIENTS UNDER THIS SECTION.

11 (2) IF THE DEPARTMENT SPECIFIES BY REGULATION THE TYPES OF  
12 HEALTH CARE PROVIDERS ELIGIBLE TO RECEIVE REIMBURSEMENT FOR HEALTH  
13 CARE SERVICES PROVIDED TO PROGRAM RECIPIENTS UNDER THIS SUBSECTION,  
14 THE TYPES OF HEALTH CARE PROVIDERS SPECIFIED SHALL INCLUDE:

15 (I) PRIMARY CARE PROVIDERS;

16 (II) PSYCHIATRISTS AND PSYCHIATRIC NURSE PRACTITIONERS,  
17 AS DEFINED IN § 10-601 OF THIS ARTICLE, WHO ARE PROVIDING ASSERTIVE  
18 COMMUNITY TREATMENT OR MOBILE TREATMENT SERVICES TO PROGRAM  
19 RECIPIENTS LOCATED IN A HOME- OR COMMUNITY-BASED SETTING;

20 (III) PROVIDERS WHO ARE LICENSED, CERTIFIED, OR  
21 OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO  
22 PROVIDE MENTAL HEALTH OR SUBSTANCE USE DISORDER SERVICES; AND

23 (IV) MENTAL HEALTH AND SUBSTANCE USE DISORDER  
24 PROGRAMS LICENSED IN ACCORDANCE WITH § 7.5-401 OF THIS ARTICLE.

25 (3) FOR THE PURPOSE OF REIMBURSEMENT AND ANY FIDELITY  
26 STANDARDS ESTABLISHED BY THE DEPARTMENT, A HEALTH CARE SERVICE  
27 PROVIDED THROUGH TELEHEALTH IS EQUIVALENT TO THE SAME HEALTH CARE  
28 SERVICE WHEN PROVIDED THROUGH AN IN-PERSON CONSULTATION IF IT IS  
29 PROVIDED BY:

30 (I) A PSYCHIATRIST OR PSYCHIATRIC NURSE PRACTITIONER  
31 DESCRIBED UNDER PARAGRAPH (2)(II) OF THIS SUBSECTION;

32 (II) A PROVIDER DESCRIBED UNDER PARAGRAPH (2)(III) OF

1 THIS SUBSECTION; OR

2 (III) A MENTAL HEALTH AND SUBSTANCE USE DISORDER  
3 PROGRAM DESCRIBED UNDER PARAGRAPH (2)(IV) OF THIS SUBSECTION,  
4 INCLUDING PARAPROFESSIONALS OR PEER SUPPORT STAFF WHO ARE PROVIDING  
5 SERVICES AT THE PROGRAM.

6 (E) TO THE EXTENT AUTHORIZED BY LAW OR REGULATION AND SUBJECT TO  
7 THE REQUIREMENTS UNDER THIS TITLE, THE PROVISIONS OF § 15–139(C) THROUGH  
8 (F) OF THE INSURANCE ARTICLE RELATING TO COVERAGE OF AND REIMBURSEMENT  
9 FOR HEALTH CARE SERVICES DELIVERED THROUGH TELEHEALTH SHALL APPLY TO  
10 THE PROGRAM AND MANAGED CARE ORGANIZATIONS IN THE SAME MANNER THEY  
11 APPLY TO CARRIERS.

12 (F) THE DEPARTMENT MAY ADOPT REGULATIONS TO CARRY OUT THIS  
13 SECTION.

14 (G) THE DEPARTMENT SHALL APPLY TO THE CENTERS FOR MEDICARE AND  
15 MEDICAID SERVICES FOR AN AMENDMENT TO ANY OF THE STATE'S § 1115 WAIVERS  
16 NECESSARY TO IMPLEMENT THE REQUIREMENTS OF THIS SECTION.

17 Article – Insurance

18 15–139.

19 (a) (1) In this section, “telehealth” means, as it relates to the delivery of health  
20 care services, the use of interactive audio, video, or other telecommunications or electronic  
21 technology by a licensed health care provider to deliver a health care service within the  
22 scope of practice of the health care provider at a location other than the location of the  
23 patient.

24 (2) “Telehealth” includes [the delivery of mental health care services to a  
25 patient in the patient’s home setting]:

26 (I) SYNCHRONOUS AND ASYNCHRONOUS INTERACTIONS;

27 (II) AN AUDIO-ONLY DELIVERY OF A HEALTH CARE SERVICE  
28 BETWEEN A HEALTH CARE PROVIDER AND A PATIENT USING TELECOMMUNICATIONS  
29 TECHNOLOGY;

30 (III) STORE-AND-FORWARD COMMUNICATIONS; AND

31 (IV) REMOTE PATIENT MONITORING SERVICES.



1 (3) “Telehealth” does not include:

2 (i) [an audio-only telephone conversation between a health care  
3 provider and a patient;

4 (ii)] an electronic mail message between a health care provider and a  
5 patient; or

6 [(iii)] **(II)** a facsimile transmission between a health care provider  
7 and a patient.

8 (b) This section applies to:

9 (1) insurers and nonprofit health service plans that provide hospital,  
10 medical, or surgical benefits to individuals or groups on an expense-incurred basis under  
11 health insurance policies or contracts that are issued or delivered in the State; and

12 (2) health maintenance organizations that provide hospital, medical, or  
13 surgical benefits to individuals or groups under contracts that are issued or delivered in  
14 the State.

15 (c) (1) An entity subject to this section:

16 (i) shall provide coverage under a health insurance policy or  
17 contract for health care services appropriately delivered through telehealth **REGARDLESS**  
18 **OF THE LOCATION OF THE PATIENT AT THE TIME THE TELEHEALTH SERVICES ARE**  
19 **PROVIDED;** and

20 (ii) may not exclude from coverage a health care service solely  
21 because it is provided through telehealth and is not provided through an in-person  
22 consultation or contact between a health care provider and a patient.

23 (2) The health care services appropriately delivered through telehealth  
24 shall include [counseling] **TREATMENT** for substance use disorders **AND MENTAL HEALTH**  
25 **CONDITIONS.**

26 (d) An entity subject to this section:

27 (1) shall reimburse a health care provider for the diagnosis, consultation,  
28 and treatment of an insured patient for a health care service:

29 **(I)** covered under a health insurance policy or contract that can be  
30 appropriately provided through telehealth; **AND**

31 **(II) WHEN APPROPRIATELY PROVIDED THROUGH TELEHEALTH,**  
32 **ON THE SAME BASIS AND AT THE SAME RATE AS IF THE HEALTH CARE SERVICE WERE**

1 **DELIVERED BY THE HEALTH CARE PROVIDER IN PERSON;**

2 (2) is not required to:

3 (i) reimburse a health care provider for a health care service  
4 delivered in person or through telehealth that is not a covered benefit under the health  
5 insurance policy or contract; or

6 (ii) reimburse a health care provider who is not a covered provider  
7 under the health insurance policy or contract; and

8 (3) (i) may impose a deductible, copayment, or coinsurance amount on  
9 benefits for health care services that are delivered either through an in-person consultation  
10 or through telehealth;

11 (ii) may impose an annual dollar maximum as permitted by federal  
12 law; and

13 (iii) may not impose a lifetime dollar maximum.

14 (e) **(1)** An entity subject to this section may undertake utilization review,  
15 including preauthorization, to determine the appropriateness of any health care service  
16 whether the service is delivered through an in-person consultation or through telehealth  
17 if the appropriateness of the health care service is determined in the same manner.

18 **(2) THE UTILIZATION REVIEW UNDER PARAGRAPH (1) OF THIS**  
19 **SUBSECTION SHALL COMPLY WITH THE FEDERAL MENTAL HEALTH PARITY AND**  
20 **ADDICTION EQUITY ACT AND § 15-802 OF THIS TITLE.**

21 (f) A health insurance policy or contract may not distinguish between patients in  
22 rural or urban locations in providing coverage under the policy or contract for health care  
23 services delivered through telehealth.

24 (g) A decision by an entity subject to this section not to provide coverage for  
25 telehealth in accordance with this section constitutes an adverse decision, as defined in §  
26 15-10A-01 of this title, if the decision is based on a finding that telehealth is not medically  
27 necessary, appropriate, or efficient.

28 **(H) AN ENTITY SUBJECT TO THIS SECTION:**

29 **(1) SHALL ALLOW AN INSURED PATIENT TO SELECT THE MANNER IN**  
30 **WHICH A HEALTH CARE SERVICE IS DELIVERED;**

31 **(2) MAY NOT REQUIRE AN INSURED PATIENT TO USE TELEHEALTH IN**  
32 **LIEU OF IN-PERSON SERVICE DELIVERY; AND**

1           **(3) MAY USE TELEHEALTH TO SATISFY NETWORK ACCESS STANDARDS**  
2 **REQUIRED UNDER § 15–112(B) OF THIS SUBTITLE IF A TELEHEALTH APPOINTMENT**  
3 **IS:**

4                   **(I) CLINICALLY APPROPRIATE;**

5                   **(II) AVAILABLE;**

6                   **(III) ACCESSIBLE; AND**

7                   **(IV) THE INSURED PATIENT ELECTS TO USE TELEHEALTH.**

8                                   **Chapter 17 of the Acts of 2020**

9           **[SECTION 3. AND BE IT FURTHER ENACTED, That:**

10           (a) The Maryland Department of Health shall study whether, under the  
11 Maryland Medical Assistance Program, substance use disorder services may be  
12 appropriately provided through telehealth to a patient in the patient's home setting.

13           (b) On or before December 1, 2021, the Maryland Department of Health shall  
14 submit a report to the General Assembly, in accordance with § 2–1257 of the State  
15 Government Article, that includes any findings and recommendations from the study  
16 required under subsection (a) of this section, including:

17                   (1) the types of substance use disorder services, if any, that may be  
18 appropriately provided through telehealth to a patient in the patient's home setting; and

19                   (2) any technological or other standards needed for the provision of  
20 appropriate and quality substance use disorder services to a patient in the patient's home  
21 setting.]

22                                   **Chapter 18 of the Acts of 2020**

23           **[SECTION 3. AND BE IT FURTHER ENACTED, That:**

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25 Maryland Medical Assistance Program, substance use disorder services may be  
26 appropriately provided through telehealth to a patient in the patient's home setting.

27           (b) On or before December 1, 2021, the Maryland Department of Health shall  
28 submit a report to the General Assembly, in accordance with § 2–1257 of the State  
29 Government Article, that includes any findings and recommendations from the study  
30 required under subsection (a) of this section, including:

31                   (1) the types of substance use disorder services, if any, that may be

1 appropriately provided through telehealth to a patient in the patient's home setting; and

2 (2) any technological or other standards needed for the provision of  
3 appropriate and quality substance use disorder services to a patient in the patient's home  
4 setting.]

5 SECTION 2. AND BE IT FURTHER ENACTED, That, on or before October 1, 2021,  
6 the Maryland Department of Health shall revise its regulations regarding telehealth  
7 reimbursed by the Maryland Medical Assistance Program to ensure that requirements for  
8 reimbursement of mental health and substance use disorder services delivered through  
9 telehealth comply with the federal Mental Health Parity and Addiction Equity Act.

10 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall apply to all  
11 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or  
12 after January 1, 2022.

13 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect  
14 October 1, 2021.