



Date: February 5, 2025

To: Chair Beidle, Vice Chair Hayes and Finance Committee Members

Reference: Senate Bill 372-Preserve Telehealth Access Act of 2025

Position: Favorable

Dear Chair, Beidle and Finance Committee Members:

On behalf of LifeBridge Health, we appreciate the opportunity to comment and support Senate Bill 372. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope.

LifeBridge Health supports the removal of the sunset on key telehealth flexibilities before they expire later this year to maintain patients' access to quality virtual care. We appreciate the committee's commitment to ensuring that essential telehealth flexibilities were extended, so that patients continue to receive access to high-quality care. The expansion of telehealth services has transformed care delivery, expanded access for Marylanders especially those with transportation or mobility limitations. The adoption of telehealth has demonstrated consumer and provider satisfaction as indicated by studies issued by the [Maryland Health Care Commission](#). It is important to note that not all services should be provided via telehealth applications and requires discretion by the provider on best modality to deliver care.

The important key provisions of this bill will establish permanent policy regarding reimbursement of audio-only telehealth and parity reimbursement in the state. Although the use of telehealth was rapidly vital during the pandemic, these technologies had increased in application use to address physician shortages, expand access to somatic and behavioral health services, helps address improved rates of patients following through on care plans, and improve provider efficiencies. While the traditional method of delivering health care is dependent upon a physician or other health care provider to provide in-person care in real time, telehealth opens the door to new delivery models that extend the reach of the provider. It can help facilitate the transfer of clinical data from remote patient settings and remove barriers that have long limited access to care in hard-to-reach areas.

Continuing audio only and parity reimbursement, as granted in the Preserve Telehealth Access Act of 2025, is essential to allow predictability and further adoption of technology as health care delivery changes over time. Fragmented policies at the federal and state level have often created more barriers to fully leverage these tools previous years. CMS and Congress recognizing the value most recently extended until March 31, 2025, where we anticipate Congress to take action to support permanent extension of most flexibilities. LifeBridge Health stands ready eager to see how this virtual care initiative may enable us to optimize patient care, enhance the patient and provider experience, and bolster clinician capabilities, allowing for care delivery innovation without compromising safe, efficient, and compassionate patient interactions.

**CARE BRAVELY**

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LifeBridge Health, offers a virtual care team to provide essential support services, including post-discharge care, remote patient monitoring and Annual Wellness Visits (AWVs). These virtual services are designed to help patients and caregivers supported through care needs through a number of applications.

- Remote patient monitoring of chronic conditions (CHF, Hypertension, etc.)
- LBH completed 43K telemedicine visits in 2024
- Post-acute telemedicine visits after inpatient and ED discharge
- Post-acute digital contact via the GetWell Loop
- Virtual Nursing/care management consult
- Asynchronous visits and Tele-urgent care visits

LifeBridge Health is leveraging care.ai's Smart Care Facility Platform to enhance patient care, support clinicians, and empower care teams with new virtual care models. These programs are integrated into a 32-bed Progressive Care Unit (PCU) at Sinai Hospital of Baltimore, where a virtual nurse on a screen in the room consults with patients for discharge instructions, documentation, education, and other support, freeing up time for the bedside nurses on site. Both staff and patients have well received the program. Following a successful pilot, the health system has implemented care.ai virtual tele-sitting at its Northwest Hospital, as well as looking to bring tele-sitting at all its remaining hospitals. The system is also looking at expanding the virtual nurse program.

I would recommend the committee consider revising current Maryland laws related to behavioral health services to align with federal DEA guidance on flexibilities allowing for use of telehealth. We have found significant improvements of adherence and reductions of missed appointments in caring for patients needing behavioral health services.

For all the above stated reasons, we request a Favorable report on Senate Bill 372.

For more information, please contact:

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