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**Testimony in Support of Senate Bill 372**
Preserve Telehealth Access Act of 2025
*Before the Finance Committee: February 5, 2025*

The Public Health Law Clinic submits this testimony in support of Senate Bill 372 to ensure that patients in Maryland have access to safe and effective care through telehealth. In 2021, Maryland enacted the Preserve Telehealth Access Act, which required Maryland Medicaid and private insurers to cover and reimburse audio-visual and audio-only telehealth services the same as in-person services.[1] A sunset provision in the law, however, will exclude audio-only services from the requirement beginning June 30, 2025. **Because audio-only telehealth use is highest among individuals who are low-income, elderly, without internet access, a racial and ethnic minority, and have less than a high school education, excluding audio-only telehealth services from required coverage would create unnecessary barriers to healthcare that would disproportionately impact Maryland's most vulnerable populations.[2]** Accordingly, SB372 is necessary to repeal the sunset provision and make audio-only telehealth coverage permanent.

Before 2020, telehealth was not widely used. However, the COVID-19 pandemic quickly prompted the adoption of telehealth into our healthcare system.[3] Because it is a more convenient, equally effective form of treatment compared to in-person care, telehealth is still commonly used.[4] Additionally, telehealth increases access to healthcare, specifically for rural and underserved communities, by providing an alternative form of treatment for individuals who live far from healthcare facilities or lack the transportation to get to a facility.[5] Telehealth likewise provides an alternative form of treatment for individuals with a disability or mobility issues that make traveling to a facility difficult or burdensome.[6]

Excluding audio-only telehealth services from the coverage requirement will undo the progress made by the Preserve Telehealth Access Act by eliminating access to safe and effective care that positively impacted vulnerable populations. Audio-only telehealth use is highest among individuals who are low-income, elderly, racial and ethnic minorities, without internet access,

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[1] Md. Insurance Code Ann. § 15-139.
[2] Eva Chang et al., *Patient Characteristics and Telemedicine Use in the US, 2022*, 7 JAMA NETWORK OPEN 1, 2, 10 (2024) (no internet and the elderly); Robert A. Kleinman & Marcos Sanches, *Impacts of Eliminating Audio-Only Care on Disparities in Telehealth Accessibility*, 37 Journal of General Internal Medicine 4021, 4021 (2022) (no internet and low-income); EUNY C. LEE ET AL., OFF. HEALTH POL'Y, UPDATED NATIONAL SURVEY TRENDS IN TELEHEALTH UTILIZATION AND MODALITY 1, 1, 5-6 (2023) (racial and ethnic minorities, elderly, and individuals with less than a high school education).

[3] Julia Shaver, *The State of Telehealth Before and After the COVID-19 Pandemic*, 49 PRIMARY CARE: CLINICS IN OFF. PRACTICE J. 517, 518-20 (2022).
[4] *See* Hall et al., *Patient and Clinician Perspectives on Two Telemedicine Approaches for Treating Patients with Mental Health Disorders in Underserved Areas*, 35 J. AM. BD. FAM, MED. 465, 468-72 (2022); Quyen M. Ngo et al., *In-Person Versus Telehealth Setting for the Delivery of Substance Use Disorder Treatment*, 6 JMIR Formative Research 1 (2022).
[5] Helmuth et al., *The Effects of Telehealth on Mental Well-Being Compared with In-Office Treatment for Clients with Depression*, 26 INT'L J. SCI. & RSCH. METHODOLOGY 43, 45-50 (2023).
[6] Farah Tahsin et al., *The Relationship Between Treatment Burden and the Use of Telehealth Technologies Among Patients with Chronic Conditions: A Scoping Review* 13 HEALTH POL'Y & TECH. 1, 4 (2024);

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and have less than a high school education.[7] Research indicates these groups use audio-only telehealth at higher rates because they are more likely to have poor internet access, inadequate technology to support audio-visual telehealth, and lower digital literacy.[8] Consequently, one study found that **discontinuing audio-only telehealth coverage from service will result in "approximately 1 in 5 Hispanic individuals, 1 in 10 non-Hispanic Black individuals, 1 in 5 individuals with household incomes under $25,000, and 3 in 10 individuals aged 80 and over" losing access to telehealth from their homes.**[9] Losing access to telehealth could mean losing access to care completely for individuals within this group who experience barriers to in-person care due to a lack of transportation, inability to afford transportation-related expenses, inability to take off work, or the inability to leave home due to caregiving responsibilities.[10] Therefore, discontinuing audio-only telehealth coverage will not only disproportionately impact minority and vulnerable individuals, but it may also exacerbate existing disparities in access to healthcare.

Excluding audio-only telehealth services from the coverage requirement will also prevent individuals facing technical difficulties from accessing care. In one study, over half the respondents claimed their audio-only sessions resulted from failed audio-visual telehealth visits.[11] If audio-only telehealth service is discontinued from coverage, many individuals will lose the ability to resort to audio-only sessions if technology prevents them from accessing care through audio-visual telehealth, thus producing a preventable barrier to care. Making coverage and payment parity of audio-only services permanent will ensure that the audio-only option can always serve as a safety net when a patient or provider is experiencing technical difficulties.

Discontinuing audio-only telehealth services will create barriers to healthcare without providing a benefit. Research indicates healthcare services provided by audio-only telehealth are equally effective as audio-visual telehealth.[12] In fact, some patients prefer audio-only telehealth visits in specific instances such as for a follow-up visit that is informational in nature, when discussing sensitive topics with a provider, or receiving lab results.[13] Making coverage and payment parity of audio-only services permanent will ensure patients continue to have audio-

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[7] Eva Chang et al., *Patient Characteristics and Telemedicine Use in the US, 2022*, 7 JAMA NETWORK OPEN 1, 2, 10 (2024) (no internet and the elderly); Robert A. Kleinman & Marcos Sanches, *Impacts of Eliminating Audio-Only Care on Disparities in Telehealth Accessibility*, 37 Journal of General Internal Medicine 4021, 4021 (2022) (no internet and low-income); EUNY C. LEE ET AL., OFF. HEALTH POL'Y, UPDATED NATIONAL SURVEY TRENDS IN TELEHEALTH UTILIZATION AND MODALITY 1, 1, 5-6 (2023) (racial and ethnic minorities, elderly, and individuals with less than a high school education).

[8] Robert A. Kleinman & Marcos Sanches, *Impacts of Eliminating Audio-Only Care on Disparities in Telehealth Accessibility*, 37 Journal of General Internal Medicine 4021, 4021 (2022).
[9] Robert A. Kleinman & Marcos Sanches, *Impacts of Eliminating Audio-Only Care on Disparities in Telehealth Accessibility*, 37 Journal of General Internal Medicine 4021, 4021 (2022).
[10] Rachel Azar et al., Adapting Telehealth to Address Health Equity: Perspectives Across the United States, 0 J Telemed. & Telecare 1, 4-5 (2024); Helmuth et al., *The Effects of Telehealth on Mental Well-Being Compared with In-Office Treatment for Clients with Depression*, 26 INT'L J. SCI. & RSCH. METHODOLOGY 43, 45-50 (2023).

[11] Ryan Kruis et al., *Patient Perceptions of Audio-Only Versus Video Telehealth Visits*, 5 TELEMEDICINE REP. 89, 94 (2024).
[12] Oyungerel Byambasuren et al., *Comparison of Telephone and Video Telehealth Consultations: Systematic Review*, 25 Journal of Medical Internet Research 1, 7 (2023).
[13] Ryan Kruis et al., *Patient Perceptions of Audio-Only Versus Video Telehealth Visits*, 5 TELEMEDICINE REP. 89, 96 (2024); MD HEALTH CARE COMM., PRESERVE TELEHEALTH ACCESS ACT OF 2023 / BEHAVIORAL HEALTH CARE – TREATMENT AND ACCESS ACT 5 (2024).

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only telehealth as an equally effective treatment option to increase patient satisfaction, convenience, and comfort.

## Conclusion

Terminating audio-only telehealth from insurance coverage will produce barriers to healthcare that disproportionately impact minority and underserved communities, while also stripping away a patient's choice of care. Making permanent the requirement for insurers to cover audio-only telehealth the same as audio-visual telehealth is necessary to preserve equitable access to telehealth services and uphold patients' ability to opt for audio-only telehealth services. For these reasons, we request a favorable report on Senate Bill 372.

*This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law and not by the School of Law, the University of Maryland, Baltimore, or the University of Maryland System.*