

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

SB372

Favorable

FROM: Helen Hughes, MD, MPH
Medical Director, Office of Telemedicine

DATE: February 5, 2025

RE: SB372 PRESERVE TELEHEALTH ACCESS ACT OF 2025

Johns Hopkins supports **SB 372 – Preserve Telehealth Access Act of 2025**. This bill extends reimbursement of audio-only telehealth and parity reimbursement indefinitely.

Ensuring the continuation of audio-only telehealth and parity reimbursement, as established in the Preserve Telehealth Access Acts of 2021 and continued in 2023, is crucial to meeting the healthcare needs of Marylanders. Johns Hopkins clinicians have collectively delivered more than 2 million telemedicine visits since March of 2020.

Telemedicine has long been recognized as a powerful tool for expanding access to care across a wide range of specialties. However, its full impact became evident with the widespread adoption during the pandemic. At our institution, providers in psychiatry, oncology, nutrition, genetics, neurology, neurosurgery, and many other specialties have leveraged telemedicine to deliver essential care remotely. For patients facing barriers like mobility challenges, transportation, and childcare, it has been a vital lifeline. These barriers are greatest among our publicly insured patients. Given telemedicine’s proven ability to break down access barriers, it must remain a permanent part of our healthcare system.

Data from Johns Hopkins highlights that access to video-visits versus audio-only visits is an issue of equity. Since the start of the pandemic, disparities have emerged in the use of video versus audio-only telehealth across different patient populations. Approximately 14% of our telemedicine visits have been completed using audio-only modalities, but the use of this tool is not evenly distributed. In 2024 our commercially insured patients completed only 4% of telemedicine visits via audio-only, compared to 25% for patients with Medicaid and 13% for patients with Medicare coverage. These disparities underscore the importance of maintaining audio-only telehealth as an accessible and equitable option for all patients.

We are also supportive of the elements of this bill that provide fair compensation to providers for the important care they deliver over telemedicine. In the Calendar Year 25 Physician Fee Schedule, Medicare has ensured at the federal level that providers have equal reimbursement for equivalent services delivered via in person, video, or telephone. An analysis from the Center for Connected Health Care Policy (Fall 2024) clarified that at least 23 states have explicit telehealth reimbursement parity laws. We appreciate that Maryland has continued to appropriately value a clinician’s time and decision making regardless of the modality of care.

Telehealth has become a vital part of the care delivery system and needs to be flexible to address the changing needs of our patients. There continues to be updated guidance and best practices for care delivered through telehealth and its important Maryland policies allow providers to adjust as the field develops.

Across Johns Hopkins Health System, this technology has been truly transformative, breaking down barriers and ensuring access to high-quality care in ways we could never have imagined in January of 2020. As a doctor, a patient, and a parent--I know personally how essential this service has become. Telehealth is here to stay. We are grateful for the continued support of the Maryland legislature and look forward to working together to harness technology in ways that expand access and improve healthcare for patients across our state.

Accordingly, Johns Hopkins respectfully requests a FAVORABLE committee report on SB372.