Legislative testimony 2025 Telehealth.pdf
Uploaded by: Abbie Ellicott
Position: FAV

TO: Chair Beidle and members of the Senate Finance Committee

From: Abbie Ellicott, Ph.D., Licensed Psychologist, Anne Arundel County MD

Date: 2/3/2025

SUPPORT SB0372

My name is Abbie Ellicott and I am a licensed psychologist who lives and works in Anne Arundel County. I have had a psychology practice in Maryland for 30 years and I continue to practice full time in Pasadena, MD. I strongly SUPPORT SB0372 which is designed to preserve access to telehealth services in Maryland. I have been seeing patients via telehealth as well as in person at my office. The benefits of telehealth are enormous. Many of my patients who use telehealth services are unable to come to my office for in person appointments. This is due to a variety of reasons, including lack of reliable transportation, fears of driving in bad weather, illness and physical disability that makes traveling difficult, advanced age which makes driving unsafe, and responsibilities such as childrearing or caring for an elderly or disabled family member. Telehealth provides easy access to many people who otherwise would not receive services. This includes many vulnerable populations who very much need consistent and high quality medical and mental health care. It is essential that health insurers including the Maryland Medical Assistance Program be required to continue to reimburse medical providers for telehealth services. This would ensure that some of our most marginalized citizens can continue to receive necessary medical and mental health services in an effective way.

Please SUPPORT SB0372.

Thank you all for your service to the citizens of Maryland.

Sincerely,

Abbie Ellicott, Ph.D.

ALA_MD_Telehealth_SB 372 Testimony_2-5-25.pdf
Uploaded by: Aleks Casper
Position: FAV

American Lung Association.
Maryland

Testimony Senate Bill 372
February 5, 2025
Support

Chair Beidle, Vice-Chair Hayes and Members of the Senate Finance Committee:

Thank you for the opportunity to provide comments on Senate Bill 372 – Preserve Telehealth Access Act of 2025. The American Lung Association strongly supports this bill.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the 32.5 million Americans living with lung diseases including asthma, lung cancer and COPD, including 842,000 Maryland residents. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The Lung Association believes that everyone should have affordable, accessible and adequate healthcare coverage. Throughout the COVID-19 pandemic, telehealth has emerged as vital way for patients to safely access care. In August of 2020, the Lung Association and its partners agreed to principles on telehealth. Senate Bill 372 aligns with these principles as it expands telehealth services and makes the flexibilities permitted during the COVID19 pandemic permanent practice in Maryland.

Telehealth has been an important delivery method for improving access to care in underserved communities and in particular rural areas, those with physician shortages and areas with limited access to primary care services. The COVID-19 pandemic placed a spotlight on the role of telehealth allowing many high-risk patients to continue to receive timely and safe care and treatment while maintaining their safety. While many of the flexibilities in telehealth policy have been time-limited, the American Lung Association strongly believes that all patients should have continued safe access to appropriate telehealth services now that the COVID-19 pandemic is over, as it will help reduce gaps in care.

Senate Bill 372 allows for permanency in a number of strong telehealth policy measures including improving access through easing technology barriers by permitting audio-only communication which is critical for rural and low-income populations which might lack broadband internet access. The bill also makes permanent requirements that insurance companies reimburse at parity for in-person visits. This can help address shortages of specialist providers in a geographically convenient area.

The American Lung Association believes that telehealth is a critical piece of access to care for many patients and will continue to ensure that patients have timely and safe health care services and treatments. We applaud the legislature for addressing these needs during the midst of the pandemic and appreciate the willingness to allow these flexibilities to remain permanent now that the pandemic is over. We would encourage a favorable vote from the Senate Finance Committee and encourage swift passage by the Maryland General Assembly.

We thank you for the opportunity to provide comments and if you need any additional information, please do not hesitate to contact Aleks Casper, Director of Advocacy at aleks.casper@lung.org or 202-719-2810.

Sincerely,

Aleks Casper

Aleks Casper
Director of Advocacy
American Lung Association

LCPCM-SB 372-Preserve Telehealth Access - Support.
Uploaded by: Andrea Mansfield
Position: FAV

LICENSED CLINICAL PROFESSIONAL COUNSELORS OF MARYLAND

Committee: Senate Finance Committee

Bill: SB 372 – Preserve Telehealth Access Act of 2025

Hearing Date: February 5, 2025

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) support SB 372 – Preserve Telehealth Access Act of 2025. This bill will continue to require insurers, including the Maryland Medicaid Program, to reimburse telehealth services provided through audio-only and provide payment parity for telehealth services.

Maryland has been experiencing a shortage of behavioral health providers for years which was exacerbated by the COVID pandemic. To ensure access to services, licensed professional counselors adapted by providing telehealth services.

Legislation that passed in 2023 recognized the importance of telehealth services and required the reimbursement of these services at the same rate as if the service were provided in-person. This legislation also required the Maryland Health Care Commission (MHCC) to study and make recommendations regarding the delivery of health care services through telehealth, including payment parity for the delivery of health care services through audiovisual and audio-only telehealth technologies. This study strongly recommends the continuation of telehealth services and pay parity for behavioral health providers. A few specific findings include:

- Telehealth services enhance the overall flexibility and responsiveness of the health care system and create new opportunities for underserved communities to receive services;
- Pay parity removes financial disincentives and promotes equity by allowing providers to use telehealth modalities that are most accessible for their patients;
- Pay parity acknowledges that telehealth services involve the same level of clinical intensity and time as in-person care from the provider's perspective; and
- CMS 2025 MDFS Proposed Rule continues to support telehealth flexibilities and supports the MHCC's recommendations.

For these reasons, LCPCM urges the Committee to give SB 372 a FAVORABLE Report.

Please contact Andrea Mansfield at amansfield@maniscanning.com or (410) 562-1617 if we can provide additional information.

SB 372 Testimony .pdf
Uploaded by: Anna Kate Cagle
Position: FAV

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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.

SB 372 - FAV - UMMS - Roggio.Final.pdf
Uploaded by: Anthony Roggio
Position: FAV

UNIVERSITY of MARYLAND MEDICAL SYSTEM

Senate Bill 372 – Preserve Telehealth Access Act of 2025

Position: Favorable
February 5, 2025
Senate Finance Committee

The University of Maryland Medical System strongly supports Senate Bill 372 – Preserve Telehealth Access Act of 2025. Senate Bill 372 ("SB 372") would protect the use of audio-only telehealth and maintain coverage and parity reimbursement of health care services provided through telehealth for Medicaid and private insurers by eliminating the current termination date for these provisions of June 30, 2025.

Telehealth is a critical component of our ability to provide primary and specialty care to all corners of the State – rural, suburban, and urban. The University of Maryland Medical System (UMMS) conducts over 100,000 outpatient telehealth visits each year, as well as hundreds of inpatient telehealth consultations that leverage specialized interprofessional expertise across our 12 hospitals and more than 150 medical facilities.

Beyond the sheer volume of care, UMMS data demonstrates that telehealth services are an important tool for access to care and health equity. Sixty-five percent (65%) of recipients of University of Maryland Telehealth are female compared to only 56% in person, typically in the younger 18-44 year old range, and telehealth utilization is higher among individuals of African American or Hispanic descent. More individuals on Medicaid or MCO plans utilize telehealth to access their care, with approximately 44% of telehealth visits represented by these groups compared to only 21% in person. Telehealth utilization in rural areas is also increased with almost 30% of all outpatient telehealth visits originating in Maryland Rural Counties. Terminating access to audio-only health care services or parity reimbursement for telehealth services would adversely impact access to care for Marylanders and likely exacerbate health disparities for underserved populations.

The reimbursement parity for telehealth providers authorized by the Maryland General Assembly since 2021, and the high level of patient satisfaction with our telehealth services, has enabled UMMS to greatly expand the telehealth services we are able to offer. The University of Maryland Tele-EMS program has enabled virtualized care in rural areas without the need for

patient transportation to the ER via ambulance. The Emergency Department TeleTriage program at University of Maryland Medical Center and Midtown Campuses have improved wait times for patients and reduced revisits while acting as a safety net for identifying and following up on sick patients presenting to these bustling ERs. The UMMS Virtual First program aims to bring specialty and subspecialty care outside of the four walls of the UMMC Downtown Campus and reduce the need for patient transfers into the tertiary care center where it is often difficult to find bed placement. And programs such as the University of Maryland Tele-Sitter, Virtual Nursing, and Virtual Fetal Heart Monitoring NEST programs have saved lives and improved quality of care by maximizing flexibility of virtual staffing resources despite national and regional healthcare workforce shortages. These expanded telehealth services will continue to improve access to care and health outcomes for Marylanders.

Telehealth services have expanded access to care in Maryland, particularly for underserved populations. Likewise, reimbursement parity has assisted UMMS and other providers in the State to expand the scope of critical care services they offer via telehealth. By making expanded telehealth coverage and reimbursement parity permanent, SB 372 would enable healthcare providers to continue to expand access to care for Marylanders and promote additional investment and innovation in telehealth services to continue to improve patient health outcomes.

For these reasons, the University of Maryland Medical System supports SB 372 and respectfully request a ***favorable*** report.

Respectfully submitted:

Anthony Roggio, MD
Assistant Professor
Emergency Medicine
University of Maryland School of Medicine

Medical Director
Center for Telehealth
University of Maryland Medical System

For more information, please contact:

Will Tilburg, Vice President, Government and Regulatory Affairs
University of Maryland Medical System
William.tilburg@umm.edu

About the University of Maryland Medical System
University of Maryland Medical System (UMMS) delivers comprehensive health care services throughout Maryland. UMMS physicians and patient care teams work hand-in-hand with University of Maryland School of Medicine specialists to provide primary, urgent, emergency and specialty care at 12 hospitals and more than 150 medical facilities across the state. The UMMS network includes academic, community and specialty hospitals that together provide 25% of all hospital-based care in Maryland

SB372.pdf
Uploaded by: Ashley Clark
Position: FAV

MARYLAND PSYCHIATRIC SOCIETY

January 28, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support – Senate Bill 372: Preserve Telehealth Access Act of 2025

Dear Chairwoman Beidle and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1100 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 372: Preserve Telehealth Access Act of 2025 which keep in place many of the temporary changes to telehealth services covered under state commercial plans and Medicaid. The changes have been put in place to ensure continued access to care during the pandemic, which designation is expiring and have allowed clinics and private practices to stay open when they may have otherwise been forced to close. Furthermore, expanding coverage to telehealth has dramatically changed the way many of our doctors deliver psychiatric care. Our members have quickly adapted to telehealth and note that no-show rates have significantly decreased, with patients no longer having to leave their homes or consider travel to access care.

For patients who lack broadband access or video-only technology, the ability to reach patients over the telephone during the pandemic has been critical to ensuring continuity of care. A 2021 study by Johns Hopkins found that despite the growth in telehealth, lower video use was also observed among women (8% less likely), Black people (35%), Hispanics (10%), and low-income families (43% less likely for household income less than $50,000). Americans over 75 suffered a similar gap, with 51% less ability to use video. Additionally, patients who are hesitant to see a physician face-to-face may feel more comfortable seeking care via audio-only telehealth.

Ensuring patients continue to receive clinically safe and efficient care should be a priority for legislators as Maryland continues to grapple with the pandemic. In addition to the increased anxiety among individuals afraid of becoming sick, the pandemic's social distancing policies have also led to people becoming isolated or unemployed. Poor mental health outcomes are linked to both situations. Preserving payment parity for behavioral health and somatic care delivered via audiovisual and audio-only methods ensures that telehealth options remain practical for providers. MPS & WPS have seen the promise in telehealth's potential to expand access to care and help our state save lives.

As such, MPS and WPS ask the committee for an favorable report on SB372. If you have any questions regarding this testimony, please contact Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

PJC_Support_SB 372_FIN.pdf
Uploaded by: Ashley Woolard
Position: FAV

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SB 372
Preserve Telehealth Access Act of 2025
Hearing of the Senate Finance Committee
February 5, 2025
2:00 PM

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. **PJC strongly supports SB 372**, which would permanently preserve telehealth access for Maryland Medical Assistance (Medicaid) patients and the definition of telehealth to include audio-only conversations.

During the COVID-19 pandemic, Governor Hogan issued emergency legislation and Maryland received federal waivers to expand Medicaid telehealth services coverage. These changes transformed the way Medicaid and CHIP beneficiaries accessed care during the pandemic. Between February to April 2020, services delivered via telehealth among Medicaid and CHIP beneficiaries rose by 2,632% across the country compared to March to June 2019.[1] This rise in services was the highest among working age adults, children and seniors.[2] We thank the Maryland General Assembly for taking action to preserve this expansion in Maryland's law following the public health emergency.

Telehealth plays a critical role in expanding access to care for patients where they are and when they need it. Patients who lack access to transportation and/or childcare may not be able to easily visit a provider in person. Likewise, a patient may reside in a healthcare desert where locating a primary or specialty care physician is challenging and may not have access to a stable internet connection. Medicaid and CHIP patients without internet access would be disproportionately impacted if telehealth services were restricted, including patients residing in rural counties. SB 372 recognizes that the availability of asynchronous telehealth and audio-only conversations not only keeps patients connected to care, but allows health providers to swiftly determine,

[1] Centers for Medicare & Medicaid Services, *Services Delivered via Telehealth Among Medicaid & CHIP Beneficiaries during COVID-19* (2020), https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-COVID-19-snapshot-data-through-20200630.pdf.
[2] *Id.*

through an oral or visual assessment, whether a patient needs to be triaged for in-person urgent or emergency care.

For the foregoing reasons, the PJC **SUPPORTS SB 372** and urges a **FAVORABLE** report. Should you have any questions, please contact Ashley Woolard at (410) 625-9409, ext. 224 or woolarda@publicjustice.org.

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

Children's National Testimony - SB 372 - Tejal Rai
Uploaded by: Austin Morris
Position: FAV

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Ricardo Munoz, MD, FAAP, FCCM, FACC
Chief, Division of Cardiac Critical Care Medicine
Executive Director, Telemedicine
Children's National Hospital

Tejal Raichura, MHA
Director, Telemedicine
Children's National Hospital

SB 372: Preserve Telehealth Access Act of 2025
Position: FAVORABLE
February 5, 2025
Senate Finance Committee

Chair Beidle, Vice Chair Hayes and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 372. My name is Tejal Raichura, and I am the Director of Telemedicine at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

We know that both nationally and in Maryland, telehealth utilization remains significantly higher than pre pandemic levels.[1] Telehealth has become an integral part of the health care delivery system – an option that both patients and providers desire. The Children's National Telehealth program enables our healthcare providers to help families, physicians and other healthcare partners receive care or guidance through video visits all from home – reducing travel time to appointments and minimizing time taken away from work and school. These visits transcend geographic barriers through virtual care.[2] Telehealth appointments account for a large portion of our clinical service, and we are committed to promoting quality virtual health services for patients and families because we believe it can increase access to quality pediatric health care.

[1] Sergent, R., & Steffen, B. (2024). *Preserve Telehealth Access Act of 2023 / Behavioral Health Care -Treatment and Access Act Telehealth Recommendations*.
https://dlslibrary.state.md.us/publications/Exec/MDH/MHCC/HB1148Ch291(2023)_2024.pdf
[2] Telehealth | Children's National Hospital

Children's National strongly supports Senate Bill 372, which will remove the June 2025 sunset provision, allowing for the continued delivery of telehealth services via audio-only modalities and ensuring reimbursement parity between telehealth and in-person services. Ensuring continued access to telehealth services in Maryland is critical to increasing access to care for certain vulnerable populations that we serve. An example of the impact of virtual care is in the mental and behavioral health sector; an area that has seen an overwhelming increase in demand. By expanding telehealth services, we can increase access for children and families dealing with mental health issues, which is often a challenge with traditional in-person visits due to stigma or logistical barriers. Telehealth allows patients to be seen for multiple follow-up visits with minimal disruption to patients' daily lives and promotes engagement in preventative care. Ultimately, should the General Assembly pass this bill, Maryland will be more aligned with CMS and a growing number of other states.[3]

The removal of the sunset provision proposed in SB 372 and the inclusion of audio-only telehealth services are crucial steps in building a more resilient healthcare system. This bill not only supports the current needs of Maryland's residents but also lays a foundation for innovation in the virtual care space. As other states and CMS have recognized, telehealth is not merely a temporary solution used during unprecedented times but a necessary evolution of our healthcare infrastructure. By passing Senate Bill 372, Maryland will not only enhance its healthcare capabilities but also demonstrate a commitment to equity in healthcare access. It is imperative that we ensure all Marylanders, regardless of location, income, or mobility, have equal opportunities to access the care they need.

I applaud Chair Beidle for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on Senate Bill 372. Thank you for the opportunity to submit this testimony.

For more information, please contact:
Austin Morris, Government Affairs Manager
almorris@childrensnational.org

[3] Sergent, R., & Steffen, B. (2024). *Preserve Telehealth Access Act of 2023 / Behavioral Health Care -Treatment and Access Act Telehealth Recommendations*.
https://dlslibrary.state.md.us/publications/Exec/MDH/MHCC/HB1148Ch291(2023)_2024.pdf

SB372_PTAA2025_KennedyKrieger_Support_2_3_2577.pdf
Uploaded by: Caitlin McDonough
Position: FAV

DATE: January 31, 2025 **COMMITTEE: Senate Finance**
BILL NO: Senate Bill 372 **POSITION: Support**
BILL TITLE: Preserve Telehealth Access Act of 2025

Bill Summary:
Senate Bill 372 repeals the limitation on the period during which the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations are required to provide reimbursement for certain health care services provided through telehealth on a certain basis and at a certain rate; etc.

Background:
Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs. Kennedy Krieger serves nearly 30,000 families per year.
Telehealth Services: Kennedy Krieger telehealth services include diagnoses, treatments, consultation, and education. Early in the pandemic, building on extant but limited telehealth services, we transitioned most outpatient services to telehealth, with a gradual decrease as in-person services increased. For FY 2024, telehealth represented approximately 40% of outpatient services. Behavioral health services make up over 50% of all telehealth services.

Rationale for telehealth parity:
Telehealth has greatly increased access and removed barriers to care for Kennedy Krieger patients with rare disorders and diseases. Published clinical studies conducted at Kennedy Krieger, as well as at other institutions, have supported improved access for our patient populations and comparable patient experience when services are provided both in-person and through telehealth.[1,2] Telehealth is a critically important and effective part of the longitudinal care model required to optimize outcomes for our clinically complex populations.

Rationale for including audio-only in the definition of 'telehealth':
Barriers remain for access to telehealth. Although our patients connect with their provider through a secure, HIPAA-compliant web-based portal using audiovisual technology, some patients lack the appropriate Wi-Fi bandwidth to have a high-quality video connection. The opportunity to use audio-only technology is crucial for these families. It also prevents session disruption if there is a temporary technology problem. Making audio-only services permanent, in situations when the patient requests it and when the provider feels it is appropriate, is crucial to ensuring access to care that is not disrupted due to technical barriers.

Kennedy Krieger urges the committee to vote favorably on Senate Bill 372.

[1] Mosquera, R.A., Avritscher, E.B., Pedroza, C., Lee, K.H., Ramanathan, S., Harris, T.S., Eapen, J., Yadav, A., Caldas-Vasquez, M., Poe, M., Martinez Castillo, D.J., Harting, M.T., Ottosen, M.J., Gonzalez, T., & Tyson, J.E. (2021). Telemedicine for Children With Medical Complexity: A Randomized Clinical Trial. Pediatrics, 148.

[2]Jones, E.F., Kurman, J., Delia, E., Crockett, J., Peterson, R.J., Thames, J., Salorio, C.F., Kalb, L.G., Jacobson, L.P., Stone, J.C., & Zabel, T.A. (2022). Parent Satisfaction With Outpatient Telemedicine Services During the COVID-19 Pandemic: A Repeated Cross-Sectional Study. Frontiers in Pediatrics, 10.

DRM_SB372_Support.pdf
Uploaded by: Courtney Bergan
Position: FAV

Empowering People to Lead Systemic Change

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DisabilityRightsMD.org

Maryland Senate Finance Committee – Bill Hearing
Senate Bill 372: Preserve Telehealth Access Act of 2025
Wednesday, February 5, 2025, 2:00 PM
Position: Support

Disability Rights Maryland (DRM) is the protection and advocacy organization for the state of Maryland; the mission of the organization, part of a national network of similar agencies, is to advocate for the legal rights of people with disabilities throughout the state. In the context of mental health disabilities, DRM advocates for access to person-centered, culturally responsive, trauma-informed care in the least restrictive environment. DRM appreciates the opportunity to provide testimony on SB 372, which will require continued coverage for mental health and substance use services delivered via telehealth, ensure payment parity for telehealth services, and preserve consumer choice in service delivery methods (in-person, audio-visual, and audio-only).

SB 372 preserves access to audio-only telehealth services, ensuring that telehealth remains available to all Marylanders. Many vulnerable Marylanders lack the technological resources, financial means, and/or broadband access needed to participate audiovisual telehealth, so audio-only telehealth is their only option to utilize the benefits of telehealth. Audio-only telehealth services are essential to advancing health equity.

Payment parity across all service delivery methods (in-person, audio-visual telehealth and audio-only telehealth) is essential in guaranteeing access to equitable, effective, and consistent healthcare. Reimbursing audio-only telehealth services on par with other service delivery methods helps to ensure telehealth is available to all and guarantees continuity of care, despite external barriers that inevitably interfere with a patient's ability to consistently participate in any one method. Circumstances such as a lack of internet access, an inability to locate a private space, a disruption in transportation, or a disability that complicates travel, can all interfere with the use of a single service delivery method. Payment parity for audio-only telehealth services helps to ensure patients and providers have the flexibility to select the service delivery method that is most appropriate on any given day, without penalizing the provider for providing the same services using the method that best meets their patients' needs.

Protecting patient choice and consent to the receipt of telehealth services is just as imperative as payment parity in guaranteeing access to appropriate care, especially when it comes to mental health services, where patient-provider rapport and satisfaction with services are integral to treatment efficacy. While telehealth is critical to advancing access for many, telehealth must not be advanced at the expense of in-person services. Thus, it must be the patient who ultimately decides whether they are willing to receive telehealth services rather than in-person care. For Marylanders with disabilities, this choice is especially critical to ensure that telehealth services are not used to supplant access to in-person care that accommodates individuals' disabilities including wheelchair accessible services, in-person sign language interpretation, or providers who are willing to accommodate service animals. If the choice to

use telehealth services does not lie squarely with the individual receiving services, then telehealth risks being misused to deny coverage for in-person care to people with disabilities.

DRM urges you to support SB 372 to protect equitable access to telehealth services in Maryland. Please contact Courtney Bergan, Disability Rights Maryland's Equal Justice Works Fellow for more information at CourtneyB@DisabilityRightsMd.org or 443-692-2477.

SB0372_MHAMD_FAV.pdf
Uploaded by: Dan Martin
Position: FAV

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Senate Bill 372 Preserve Telehealth Access Act of 2025
Finance Committee
February 5, 2025
Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 372.

SB 372 repeals the sunset on important provisions that ensure the availability of audio-only telehealth services and telehealth reimbursement rates that are on par with services delivered in person.

As Maryland works to tackle a persistent behavioral health workforce shortage and address an increasing demand for quality mental health and substance use care, we must ensure that successful strategies which are currently expanding access to care do not lapse. Telehealth is an invaluable care delivery tool that promotes health equity for those living in vulnerable and underserved communities and helps to address gaps in care by extending access to patients who would either have to forgo needed care or travel long distances to receive it.

Audio-only telehealth is vital. Many Marylanders lack the financial means to purchase smart phones or other video technology and the data plans to support them. Others live in rural areas where broadband coverage is spotty at best. Without ongoing support through audio-only telehealth these individuals will face great difficulty in accessing needed behavioral health care.

Likewise, rate parity between services provided through telehealth and those conducted in-person is critically important. The use of telehealth helps behavioral health providers allocate scarce resources to best meet the increased demand for behavioral health care. Allowing lower rates for the use of telehealth in the middle of a behavioral health workforce crisis would jeopardize providers' ability to maintain already stretched staff and likely cause those providers to eliminate telehealth as an option.

In an October 2024 report by the Maryland Health Care Commission (MHCC)[1] conducted pursuant to legislation the General Assembly passed in 2023 (SB 534/HB 1148), MHCC recommends allowing unrestricted use of audio-only telehealth for behavioral health services, stating that it expands access, increases equity, maintains continuity of care and supports patient choice. The report also recommends the continuation of payment parity for telehealth and in-person services to ensure that telehealth options remain practical for providers.

Telehealth has become a critical component of Maryland's health care continuum. It is expanding access to care and improving health equity across the state. For these reasons, MHAMD supports SB 372 and urges a favorable report.

[1] Maryland Health Care Commission. *Preserve Telehealth Access Act of 2023 / Behavioral Health Care – Treatment and Access Act: Telehealth Recommendations*. October 17, 2024. https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/telehealth_rec_rpt.pdf

SB 372_Preserve Telehealth Act - BHSB_FAVORABLE.pd
Uploaded by: Dan Rabbitt
Position: FAV

Behavioral Health System Baltimore

February 5, 2025

Senate Finance Committee
TESTIMONY IN SUPPORT
SB 372 – Preserve Telehealth Access Act of 2025

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.

Behavioral Health System Baltimore supports SB 372 – Preserve Telehealth Access Act of 2025. This commonsense bill removes the sunset on audio-only telehealth reimbursement and telehealth payment parity to establish the current telehealth policy as the state's permanent policy.

Maryland expanded telehealth reimbursement for behavioral health during the COVID-19 pandemic. This service played a huge role in maintaining access to services and continues to be critical to ensure consumer access. Many beneficiaries may not have reliable transportation and may prefer telehealth options to aid in work and childcare scheduling. It is essential to maintain payment parity to avoid a reduction in telehealth access or behavioral health provider capacity.

Audio-only services are also critical in recognition of the large proportion of Marylanders who do not have the data plans and technological hardware for a video telehealth appointment. Audio-only services have become commonplace, and 44 states have continued to offer these services. Maryland should remain one of them.

Maryland has used the current telehealth regime for over four years with good results. The policies have fostered access and given beneficiaries the choice of audio-only telehealth, video telehealth, and in-person services. They should be extended as permanent policies. **We urge a favorable report for SB 372.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

MAND Testimony 2025 - Support - Senate Bill 372 -
Uploaded by: Daniel Shattuck
Position: FAV

MARYLAND ACADEMY OF NUTRITION AND DIETETICS

Date: February 5, 2025
Bill: Senate Bill 372 – Preserve Telehealth Act of 2025
Committee: Senate Finance Committee
The Honorable Pam Beidle, Chair
Position: SUPPORT

The Maryland Academy of Nutrition and Dietetics (MAND), is an organization representing approximately 1,000 licensed dietitians and nutritionists, dietetic interns, and students within the state of Maryland.

Senate Bill 372 *"repeals the limitation on the period during which the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations are required to provide reimbursement (payment parity) for certain health care services provided through telehealth (including audio only)."*

The Academy of Nutrition and Dietetics ("The Academy") believes it is vital to ensure everyone has timely, continuous access to safe, effective nutrition services that can improve their health and manage their chronic diseases. Registered Dietitian Nutritionists (RDNs) are recognized by the National Academy of Medicine (formerly Institute of Medicine) as the most qualified food and nutrition service providers. In Maryland, RDNs must also be licensed as a Licensed Dietitian Nutritionist (LDNs) to practice. Studies show Medical Nutrition Therapy (MNT) provided by an RDN/LDN leads to improved clinical outcomes and reduced costs associated with physician time, medication use and hospital admissions for people with obesity, diabetes and lipid metabolism disorders, as well as other chronic diseases.

The Academy urges state Medicaid programs and private payers to continue covering nutrition services provided via telehealth by Maryland RDNs/LDNs. This bill will continue to address potential telehealth access to care issues by extending telehealth provisions enacted in Maryland in the context of the COVID-19 pandemic, which continue to prove valuable in helping patients get the care they need in an efficient and accessible manner.

MAND stands ready as a resource and partner in this important undertaking. Thank you for your consideration of our comments.

We respectfully ask for a FAVORABLE report on Senate Bill 372.

Sincerely,

Tia Jeffery, PhD, RDN, LDN
MAND President
president@eatwellmd.org

Ilene Cervantes del Toro, MSPH, RDN, LDN
&
Arelis Torres RDN
MAND State Policy Representatives

Jessica Kiel, MS, RDN, LDN
MAND Public Policy Coordinator

2025 Legislation - SB 372 Preserve Telehealth Acce

Uploaded by: David Sharp

Position: FAV

MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

2025 SESSION
POSITION PAPER

BILL NO: **SB 372**

COMMITTEE: **Senate Finance Committee**

POSITION: **Support**

TITLE: **Preserve Telehealth Access Act of 2025**

BILL ANALYSIS

SB 372 – Preserve Telehealth Access Act of 2025 repeals the limitations on the period during which audio-only services are included under the definition of telehealth for the purpose of certain provisions of law relating to reimbursement and coverage of telehealth by the Maryland Medical Assistance Program (Program) and certain insurers, nonprofit health service plans, and health maintenance organizations (private payers). The bill repeals the limitation on the period during which the Program and private payers are required to provide reimbursement for certain health care services provided through telehealth at a certain rate.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports SB 372, which builds upon the temporary waivers in Chapters 70 (HB 123) and 71 (SB 3) of the 2021 Laws of Maryland, as well as Chapter 382 (SB 534) of the 2023 Laws of Maryland. The COVID-19 public health emergency (PHE) demonstrated the utility of telehealth and its potential to address disparities in access to care. While telehealth utilization has decreased as the PHE has subsided, it remains higher than pre-PHE levels in Maryland and nationwide. Providers and carriers generally support maintaining the policy changes introduced through the telehealth waivers.

Nearly 42 states have laws mandating audiovisual and audio-only telehealth coverage parity.[1] Allowing the use of audio-only telehealth promotes broader access to mental health and substance use disorder treatments, especially for individuals without

[1] Approaches vary with some states requiring use of certain codes and requirements to deliver in-person services or use in-network providers, among other things. More information is available at: https://www.foley.com/wp-content/uploads/2024/04/50-State-Telemed-Report-2024.pdf.

audiovisual capabilities or those who prefer audio-only consultations.[2] It preserves patient choice in how they access care, potentially improving patient satisfaction. Many patients prefer audio-only due to privacy concerns or personal comfort. This modality is particularly effective for underserved and vulnerable populations that lack the technological resources, financial means, or broadband access required for audiovisual telehealth.

Payment parity eliminates financial disincentives and promotes equity by enabling providers to use the telehealth modalities that are most accessible to their patients. It helps reduce the stigma often associated with in-person behavioral health visits. Approximately 29 states require some form of telehealth payment parity for private payers. About 14 states have enacted payment parity for audiovisual and audio-only telehealth.[3] Providers regularly report that the complexity and duration of care are similar across modalities, with telehealth being just as resource-intensive as in-person visits.

The 2021 law required MHCC to study the impact of audiovisual and audio-only telehealth on somatic and behavioral health care, while the 2023 law mandated we examine and recommend improvements for delivering these services via audiovisual and audio-only telehealth, as well as payment parity. The final reports were submitted to the Senate Finance Committee and the House Health and Government Operations Committee in December 2022[4] and October 2024[5], respectively.

For the stated reasons above, we ask for a favorable report on SB 372.

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[2] For private payers in Maryland (as of 2023), about four percent of all telehealth services were delivered using audio-only; use of audio-only is higher in somatic care (9 percent) compared to behavioral health (less than 1 percent).

[3] Center for Connected Health Policy. Policy trend maps. More information is available at: www.cchpca.org/policy-trends/.

[4] The Preserve Telehealth Access Act of 2021 report and Technical Report of The Maryland Telehealth Study are available at: www.mhcc.maryland.gov/mhcc/pages/plr/plr/plr.aspx.

[5] The Preserve Telehealth Access Act of 2023 / Behavioral Health Care – Treatment and Access Act report, Data Supplement, Technical Report One, and Technical Report Two are available at: www.mhcc.maryland.gov/mhcc/pages/plr/plr/plr.aspx.

SB372 Preserve Telehealth Access Act of 2025-SSW P

Uploaded by: Dean Judy Postmus

Position: FAV

UNIVERSITY of MARYLAND
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Testimony in Support of SB 372 Preserve Telehealth Access Act of 2025

Thank you, Senator Beidle, Senator Hayes, and all the members of the Finance Committee for addressing this critical health care issue concerning access to telehealth services. The University of Maryland, School of Social Work appreciates the opportunity to provide testimony in favor of SB 372. Social workers are often cited as the largest group of behavioral health service providers and the popularity and availability of telehealth services has extended the reach of behavioral health services. We remain committed to preparing social workers to provide effective telehealth services to meet the needs of our state.

The provision of telehealth behavioral health services has improved access to care by reducing many barriers and SB 372 aims to ensure continued access to telehealth services, including social work telehealth services. While this bill addresses the breath of health services provided through telehealth, in social work we have witnessed the many benefits for clients receiving telehealth behavioral health services.

Legislation to preserve telehealth in Maryland is crucial because it ensures continued access to healthcare services, particularly for vulnerable populations. Some benefits of telehealth care include: Equitable Access to Care: Many individuals, especially those in rural areas, low-income communities, or with mobility challenges, face barriers to in-person healthcare. Telehealth removes these barriers by allowing people to receive care from home. Behavioral Health Support: Telehealth has expanded access and reduced wait times, making services more accessible. For individuals struggling with anxiety, depression, or trauma, virtual options can be a lifeline. For those with chronic conditions or disabilities, maintaining telehealth ensures they can regularly consult with providers without the logistical burdens of transportation, time off work, or childcare concerns. Crisis Intervention: Social workers rely on telehealth to connect with clients in need of crisis intervention, case management, and support services. Preserving this option allows for real-time intervention in cases of intimate partner violence, substance abuse, or homelessness. Flexibility for Families and Caregiver: Parents, caregivers, and working individuals benefit from the flexibility of telehealth. In addition, the COVID-19 pandemic demonstrated the importance of telehealth in maintaining healthcare access during emergencies. Keeping telehealth in place ensures Maryland remains prepared for future public health crises.

Without legislation to protect telehealth services, many of these benefits could be lost, disproportionately affecting marginalized and at-risk populations. Thank you for your consideration of SB 372 which will uphold health equity, accessibility, and the well-being of all Maryland residents.

Respectfully submitted by

Judy L. Postmus, Ph.D., ACSW, Dean & Professor

cc: Senators Gile, Kramer, Lam, & Mautz

SB372 - LAC - FAV.pdf
Uploaded by: Deborah Steinberg
Position: FAV

LEGAL ACTION CENTER
Breaking Barriers. Defending Dignity.

S.B. 372: Preserve Telehealth Access Act of 2025
Senate Finance Committee Hearing
February 5, 2025
Favorable

Thank you for the opportunity to submit testimony in support of Senate Bill 372, which would remove the sunset on Maryland's telehealth provisions to ensure continued access to audio-only telehealth and payment parity. The Legal Action Center (LAC) is a non-profit law and policy organization that fights discrimination, builds health equity, and restores opportunities for people with substance use disorders, arrest and conviction records, and HIV/AIDS. LAC convenes the Maryland Parity Coalition and works with its partners to ensure non-discriminatory access to mental health (MH) and substance use disorder (SUD) services through enforcement of the Mental Health Parity and Addiction Equity Act and other consumer protections that reduce health disparities.

The unmet need for MH and SUD care in Maryland is high and continues to rise. In 2023, more than 27% of Maryland adults reported symptoms of anxiety and/or depression, and over 30% of adults reporting such symptoms had an unmet need for counseling or therapy. Of the 252,000 Maryland adults who did not receive needed care for a MH condition, 1 in 3 did not because of cost. In 2022-23, 28% of Maryland high school students and 22% of middle school students reported their MH was not good most of the time or always, and 18% of high school students and 24% of middle school students reported they had seriously considered suicide. Approximately 80% of adults who were classified as needing SUD treatment in Maryland did not receive treatment in 2022. Maryland has experienced a 300% increase in overdose-related deaths in the last decade, with over 2,000 overdose-related deaths each year since 2016. Telehealth helps increase access to MH and SUD care, at a time when Marylanders need it the most.

S.B. 372 would help ensure Marylanders get the affordable and accessible MH and SUD care they need through telehealth, and we urge you to issue a favorable report on this bill.

1. **The Maryland Health Care Commission recommends continuing audio-only telehealth and payment parity.**

The Maryland Health Care Commission's (MHCC) 2024 Report, as required by the Preserve Telehealth Access Act of 2023 and the Behavioral Health Care – Treatment and Access Act of 2023, made several key recommendations to the General Assembly, including:

- "Allow unrestricted use of **audio-only** for behavioral health telehealth services based on patient consent to receive care via audio-only technology. Allow use of audio-only for somatic care if the provider is technically capable of using telehealth, but the patient is not capable of, or does not consent to, the use of audiovisual technology" (Recommendation 2); and
- "Maintain **payment parity** for behavioral health and somatic care delivered using audiovisual and audio-only technologies" (Recommendation 3).

LAC strongly agrees with these recommendations, and the rationales put forth by MHCC. Audio-only technology ensures broad access to MH and SUD treatment, particularly for individuals who lack the capability to use audiovisual technologies or those who prefer audio-only, it helps to maintain continuity of care and address health concerns effectively, and it maintains patient choice in how they access care and can improve patient satisfaction. MHCC also notes that audio-only telehealth effectively serves underserved and vulnerable populations who lack the technological resources, financial means, or broadband access needed for audiovisual telehealth. Payment parity ensures that telehealth options remain practical for providers, removes financial disincentives and promotes equity, and acknowledges that telehealth involves the same level of clinical intensity and time as in-person care.

Additionally, as MHCC highlighted, the Medicare program continues to support telehealth flexibilities. CMS updated its definition of "interactive telecommunications system" in November 2024 to include "two-way, real time audio-only communication technology for any telehealth service furnished to a patient in their home if the distant site physician or practitioner is technically capable of using [audiovisual telehealth], but the patient is not capable of, or does not consent to, the use of video technology." 42 C.F.R. § 410.78(a)(3). All Medicare beneficiaries, regardless of their geographic location, may use audio-only telehealth for the treatment of a SUD or a co-occurring MH condition. § 410.78(b)(3)(xii). Medicare also permits audio-only telehealth for MH services, following an in-person visit within the preceding six months and annually thereafter, though this in-person requirement can be waived if the risks and burdens associated with an in-person visit outweigh the benefits. § 410.78(b)(xiv). The U.S. Drug Enforcement Administration (DEA) and Department of Health & Human Services (HHS) also recently finalized a rule permitting health care practitioners to prescribe buprenorphine to treat opioid use disorder via audio-only telehealth, subject to a subsequent in-person visit within the following six months. 90 Fed. Reg. 6504 (Jan. 17, 2025). This movement at the federal level to permanently extend telehealth flexibilities promotes greater access to health care, particularly for SUD and MH services, and solidifies the importance for Maryland to do the same for individuals with Medicaid and private insurance.

2. **The majority of states permit audio-only telehealth and require payment parity in both Medicaid and private insurance.**

Based on LAC's state survey as of July 2024, we found that the majority of the country permits audio-only service delivery and requires payment parity. (See attached)

- **Medicaid – audio-only**: Forty-four (44) states (including D.C.) permit audio-only telehealth in Medicaid. Thirty-three (33) of these states permanently permit audio-only telehealth for all services, three states (including Maryland) have a sunset, and eight states permit audio-only for some services.
- **Medicaid – payment parity**: Forty-two (42) states (including D.C.) require payment parity for telehealth services in Medicaid, four of which (including Maryland) have a sunset.
- **Private insurance – audio-only**: Thirty-six (36) states (including D.C.) permit audio-only telehealth in private insurance. Three of these states (including Maryland) have a sunset, and one state permits audio-only telehealth just for MH and SUD services.

- **Private insurance – payment parity**: Thirty-three (33) states require payment parity for telehealth services in private insurance. Three of these states (including Maryland) have a sunset. Two states require payment parity only for MH and SUD telehealth services, one of which currently requires payment parity for somatic services but with a sunset.

Maryland should not remove these telehealth protections, especially when the majority of the country – including our neighboring states – are continuing them.

3. **Continuing audio-only telehealth is imperative for equitable access to MH and SUD care.**

Audio-only telehealth visits are effective for many MH and SUD services and result in "high patient satisfaction, better care, and decreased no show rates" (*See* MHCC Telehealth Recommendations 2022, Frost et al. 2022, Chen et al. 2022, Riedel et al. 2021). Patients value the choice in service delivery model, and some prefer using audio-only technology because it reduces the stress related to whether audiovisual technology will not work, especially for those who have poor internet access, inadequate technology, or lower digital literacy (*See* Kruis et al., 2024). Research suggests that, due to ongoing challenges in accessing in-person and audio-visual telehealth services – especially for rural, older, low income, non-English speaking, and racial minority populations – ending access to audio-only treatment would hinder access to care and exacerbate health disparities (*See* Frost et al. 2022, Kleinman & Sanches 2022, Chen et al. 2022, Bipartisan Policy Center 2022, Ellimoottil 2021, Campos-Castillo & Anthony 2020). Given the attacks on equity and inclusion efforts at the federal level, it is imperative that Maryland not roll back this critical protection that ensures meaningful access to MH and SUD care for those who may not otherwise receive it.

4. **Retaining payment parity ensures telehealth remains meaningfully available to Marylanders.**

Many clinicians report that their ability to continue to offer telehealth will be dependent on equitable and sufficient reimbursement. (*See* Kisicki et al. 2022, Payan et al. 2021, Riedel et al. 2021, Uscher-Pines et al. 2020). For MH and SUD services in particular, research suggests that the same amount of clinician time and effort, office and overhead expenses, and support staff are necessary for telehealth visits compared to in-person visits (*See* Ellimoottil 2021). Payment parity is especially important for solo or small practices and those located in under-resourced communities, who are operating on thin margins and may not have the financial means to offer telehealth if reimbursement is substantially lower (*See* Philip et al. 2022, Ellimoottil 2021). Our state already has a severe provider shortage, particularly for MH and SUD, and we should do everything in our power to preserve their options to serve Marylanders in a way that is financially sustainable and sufficiently flexible for patients.

Thank you for considering our testimony, and we look forward to continuing to work with you to improve access to MH and SUD care in Maryland. We urge the Committee to issue a favorable report on S.B. 372 so Marylanders do not lose access to the telehealth services they need.

Thank you,

Deborah Steinberg
Senior Health Policy Attorney
Legal Action Center
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States	**Medicaid**		**Private Insurance**	
	Audio-Only	**Payment Parity**	**Audio-Only**	**Payment Parity**
Alabama	Yes[1]	Yes[2]		
Alaska	Yes[3]	No[4]	Yes[5]	
Arizona	Yes[6]	Yes[7]	Yes[8]	Yes[9]
Arkansas	Yes[10]	Yes[11]	Yes[12]	Yes[13]
California	Yes[14]	Yes[15]	Yes[16]	Yes[17]
Colorado	Yes[18]	Yes[19]	Yes[20]	Yes[21]
Connecticut	Yes[22]	Yes[23]	Yes[24]	Yes[25]
Delaware	Yes[26]	Yes[27]	Yes[28]	Yes[29]
District of Columbia	Yes[30]	Yes[31]	Yes[32]	No[33]
Florida	No[34]	No[35]	Yes[36]	No[37]
Georgia	No[38]		Yes[39]	Yes[40]
Hawaii	Yes, set to sunset on December 31, 2025[41]	Yes, set to sunset on December 31, 2025[42]	Yes, set to sunset on December 31, 2025[43]	Yes, set to sunset on December 31, 2025[44]
Idaho	Yes[45]	Yes[46]		

Illinois	No[47]	Unclear[48]	Yes[49]	Yes, permanent for MH & SUD services, but set to sunset on January 1, 2028, for all other services[50]
Indiana	Some[51]	Yes[52]	Yes[53]	No[54]
Iowa	Some[55]	Yes[56]	No[57]	Yes[58]
Kansas	Yes[59]	Yes[60]	Yes[61]	Yes[62]
Kentucky	Yes[63]	Yes[64]	Yes[65]	Yes[66]
Louisiana	No[67]	Yes[68]	Yes[69]	Yes[70]
Maine	Yes[71]	Unclear[72]	Yes[73]	No[74]
Maryland	Yes, set to sunset June 30, 2025[75]	Yes, set to sunset June 30, 2025[76]	Yes, set to sunset June 30, 2025[77]	Yes, set to sunset June 30, 2025[78]
Massachusetts	Yes[79]	Yes[80]	Yes[81]	Yes, for behavioral health services[82]
Michigan	Some[83]	Yes[84]	Yes[85]	No[86]
Minnesota	Yes, set to sunset on July 1, 2025[87]	Yes[88]	Yes, set to sunset on July 1, 2025[89]	Yes[90]
Mississippi	No (but yes in state of emergency)[91]	Yes[92]	No[93]	Yes[94]
Missouri	Some[95]	Yes[96]	No[97]	Yes[98]
Montana	Yes[99]	Yes[100]	Yes[101]	No[102]
Nebraska	Yes[103]	Yes[104]	Yes[105]	Yes[106]
Nevada	Yes[107]	Yes[108]	Yes, for MH and SUD[109]	Yes[110]

New Hampshire	Yes[111]	Yes[112]	Yes[113]	Yes[114]
New Jersey	Yes[115]	Yes[116]	Yes[117]	Yes[118]
New Mexico	Some[119]	Yes[120]		Yes[121]
New York	Yes[122]	Yes, set to sunset April 1, 2026[123]	Yes[124]	Yes, set to sunset April 1, 2026[125]
North Carolina	Yes[126]	Yes[127]		
North Dakota	Some[128]		Yes[129]	Yes[130]
Ohio	Yes[131]	Yes[132]	Yes[133]	No[134]
Oklahoma	Some[135]	Yes[136]	Unclear[137]	Yes[138]
Oregon	Yes[139]	Yes[140]	Yes[141]	Yes[142]
Pennsylvania	Yes[143]	No[144]	Yes[145]	No[146]
Rhode Island	Yes[147]	Yes[148]	Yes[149]	Yes[150]
South Carolina	Some, including MH & SUD[151]			
South Dakota	Yes[152]	Yes[153]	No[154]	Unclear[155]
Tennessee	No[156]	Yes[157]	No[158]	Yes[159]
Texas	Yes[160]	Yes, repealed effective April 1, 2025[161]	Yes[162]	
Utah	Yes[163]	Yes[164]	Unclear[165]	No[166]
Vermont	Yes[167]	Yes[168]	Yes[169]	Yes[170]
Virginia	No, with few exceptions[171]	Yes[172]	No[173]	Yes[174]

Washington	Yes[175]	Yes[176]	Yes[177]	Yes[178]
West Virginia	Yes[179]	Yes[180]	Yes[181]	Yes[182]
Wisconsin	Yes[183]	Yes[184]		
Wyoming	No[185]			

[1] Ala. Medicaid, *AL Medicaid Management Information System Provider Manual*, Chapter 112: Telehealth 10-12 (April 2024), https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.3G_July2024/Jul24_112.pdf ("Reimbursement for services provided via telemedicine, audio only, and audio and video telecommunications will be paid at parity to those services provided face-to-face.").

[2] Ala. Medicaid, *AL Medicaid Management Information System Provider Manual*, Chapter 112: Telehealth 10-12 (April 2024), https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.3G_July2024/Jul24_112.pdf ("Reimbursement for services provided via telemedicine, audio only, and audio and video telecommunications will be paid at parity to those services provided face-to-face.").

[3] Alaska Stat. §47.07.069(a)(10)("The department shall pay for all services covered by the medical assistance program provided through telehealth […], including […] (10) services provided through audio, visual, or data communications, alone or in any combination, or through communications over the internet or by telephone, including a telephone that is not part of a dedicated audio conference system, electronic mail, text message, or two-way radio"); Alaska Dept. of Health and Social Svcs., *Alaska Medical Assistance Provider Billing Manuals for Physician Services* 27 (May 2013), https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Manuals/Physician.pdf ("Alaska Medicaid will pay for telemedicine services delivered in the following manner: (a) Interactive method: Provider and patient interact in 'real time' using video/camera and/or dedicated audio conference equipment [..]". However, Alaska Medicaid will not pay for services delivered by telephone when NOT part of a dedicated audio conference system.).

[4] Alaska Stat. § 47.07.069(b) ("The department shall adopt regulations for services provided by telehealth, including setting rates of payment. The department may set a rate of payment for a service provided through telehealth that is different from the rate of payment for the same service provided in person. The department may exclude or limit coverage or reimbursement for a service provided by telehealth, or limit the telehealth modes that may be used for a particular service […]").

[5] The private payer statutes cite to the meaning of "telehealth" as defined in Alaska Stat. § 47.05.270(e) ("[...] 'telehealth' means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of health care data through audio, visual, or data communications, performed over two or more locations between providers who are physically separated from the recipient or from each other or between a provider and a recipient who are physically separated from each other.").

[6] Ariz. Health Care Cost Containment System, *AHCCS Medical Policy Manual*, 320-I – Telehealth 4 (August 2023), https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf ("The Contractor and FFS Programs shall reimburse providers at the same level of payment for equivalent in-person office/facility setting for mental health and substance use disorder services, as identified by HCPCS, if provided through telehealth using an audio-only format.").

[7] Ariz. Health Care Cost Containment System, *AHCCS Medical Policy Manual*, 320-I – Telehealth 2 (August 2023), https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf ("T The Contractor and FFS Programs shall reimburse providers at the same level of payment for equivalent services as identified by Healthcare Common Procedure Coding System (HCPCS) whether provided via telemedicine or in-person office/facility setting.").

[8] Ariz. Stat. § 20-841.09.A.2. ("Except as otherwise provided in this paragraph, a corporation shall reimburse health care providers at the same level of payment for equivalent services as identified by the healthcare common procedure coding system, whether provided through telehealth using an audio-visual format or in-person care.").
[9] Ariz. Stat. § 20-841.09.A.2. ("A corporation shall reimburse health care providers at the same level of payment for equivalent in-person behavioral health and substance use disorder services as identified by the healthcare common procedure coding system if provided through telehealth using an audio-only format.").
[10] Arkansas Medicaid Provider Manual, Section I. § 105.190 ("Telemedicine does not include the use of: Audio-only communication unless the audio-only communication is in real-time, is interactive, and substantially meets the requirements for a health care service that would otherwise be covered by the health benefit plan.").
[11] Arkansas Medicaid Provider Manual, Section I. § 105.190 ("Coverage and reimbursement for services provided through telemedicine will be on the same basis as for services provided in person.").
[12] Ark. Code §23-79-1601 (7)(C)(i)(*a*) (Telemedicine includes audio-only communication as long as it is "real-time, interactive, and substantially meets the requirements for a healthcare service that would otherwise be covered by the health benefit plan").
[13] Ark. Code §23-79-1602(c)(1) ("A health benefit plan shall provide coverage and reimbursement for healthcare services provided through telemedicine on the same basis as the health benefit plan provides coverage and reimbursement for health services provided in person, unless this subchapter specifically provides otherwise.").
[14] Cal. Department of Health Care Services, *Medicine: Telehealth* 6 (January 2023), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D5289F68-C42E-4FE8-B59F-FA44A06D2863/mednetele.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO ("For Medi-Cal providers who do offer telehealth modalities, they are required to offer Medi-Cal recipients the ability to choose whether they want to receive covered Medi-Cal services via: (1) Synchronous, interactive audio/visual telecommunication systems, or (2) synchronous, telephone or other interactive audio-only telecommunications system.").
[15] Cal. Department of Health Care Services, *Local Education Agency (LEA): Telehealth* 3 (June 2023), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/47202261-0725-482C-9E9B-9F2C4669C95D/locedtele.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO ("Allowable services delivered via telehealth are reimbursable in the same manner and at the same rate as face-to-face services as long as all other requirements are met.").
[16] Audio-only is not explicitly exempt from reimbursement or from the definition of telehealth under California law. *See* Cal. Business and Professions Code §2290.5(a)(6) ("'Telehealth' means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.").
[17] Cal. Ins. Code §10123.855(a)(2) ("Services that are the same, as determined by the provider's description of the service on the claim, shall be reimbursed at the same rate whether provided in person or through telehealth. When negotiating a rate of reimbursement for telehealth services for which no in-person equivalent exists, a health insurer and the provider shall ensure the rate is consistent with subdivision (a) of Section 10123.137."); *See also* Cal. Ins. Code 10123.855(a)(1)("A contract between a health insurer and a health care provider for an alternative rate of payment pursuant to Section 10133 shall specify that the health insurer shall reimburse the treating or consulting health care provider for the diagnosis, consultation, or treatment of an insured or policyholder appropriately delivered through telehealth services on the same basis and to the same extent that the health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.").
[18] Colo. Rev. Stat. §25.5-5-320(1) ("Telemedicine may be provided through interactive audio, interactive video, or interactive data communication, including but not limited to telephone, relay calls, interactive audiovisual modalities, and live chat, as long as the technologies are compliant with the federal 'Health Insurance Portability and Accountability Act of 1996.'")
[19] Colo. Rev. Stat. §25.5-5-320(2) ("The reimbursement rate for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person service.")
[20] Colo. Rev. Stat. §10-16-123(4)(e) ("'Telehealth' means a mode of delivery of health-care services through HIPAA-compliant telecommunications systems, including information, electronic, and communication technologies, remote monitoring technologies, and store-and-forward transfers, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while

the covered person is located at an originating site and the provider is located at a distant site."). See also Colorado Division of Insurance, Revised Bulletin No. B-4.89: Policy Directives for Telehealth ("In Colorado, the use of HIPAA-compliant telecommunications technologies, including HIPAA-compliant telephone only and non-public facing communications, is now codified as an allowed mode of delivery of telehealth services, and will remain in place after the national public health emergency expires.").

[21] Colo. Rev. Stat. §10-16-123(b) ("Subject to all terms and conditions of the health benefit plan or dental plan, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by that provider.")

[22] Audio-only is a reimbursable telehealth service when certain requirements are met. Conn. Stat. §17b-245g(2)(b) ("Notwithstanding the provisions of section 17b-245c, 17b-245e or 19a-906 or any other section, regulation, rule, policy or procedure governing the Connecticut medical assistance program, the Commissioner of Social Services shall, to the extent permissible under federal law, provide coverage under the Connecticut medical assistance program for audio-only telehealth services when (1) clinically appropriate, as determined by the commissioner, (2) it is not possible to provide comparable covered audiovisual telehealth services, and (3) provided to individuals who are unable to use or access comparable covered audiovisual telehealth services.").

[23] Conn. Stat. §17b-245g(2)(c) ("To the extent permissible under federal law, the commissioner shall provide Medicaid reimbursement for services provided by means of telehealth to the same extent as if the service was provided in person.").

[24] C.G.S.A. §19a-906(a)(11) ("'Telehealth' means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. 'Telehealth does not include the use of facsimile, texting or electronic mail."); A 2024 amendment to this statute removes "audio-only" language from the exceptions section. (H.B. No. 5198).

[25] H.R. 5198 § 3. (b), Gen. Assemb., Reg. Sess. (Conn. 2024).) ("Notwithstanding any provision of title 38a of the general statutes, no health carrier shall reduce the amount of a reimbursement paid to a telehealth provider for covered health care or health services that the telehealth provider appropriately provided to an insured through telehealth because the telehealth provider provided such health care or health services to the patient through telehealth and not in person.").

[26] Del. Health & Social Services, Division of Medicaid & Medical Assistance, Delaware Medical Assistance Program, *Practitioner Provider Specific Policy Manual* §16.2.1(January 2024), https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=887&language=en-US&PortalId=0&TabId=94 ("For purposes of DMAP, telehealth means the use of information and communication technologies consisting of telephones, remote patient monitoring devices, or other electronic means to provide or support health care delivery. It occurs when the patient is at an originating site and the health care provider is at a distant site."); Del. Health & Social Services, Division of Medicaid & Medical Assistance, Delaware Medical Assistance Program, *Practitioner Provider Specific Policy Manual* §16.2.2 (January 2024), https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=887&language=en-US&PortalId=0&TabId=94 ("Telemedicine is a subset of telehealth that is the delivery of clinical health care and other services, as authorized under Delaware Medicaid, by means of real-time two-way electronic interactive telecommunications systems between the patient at the originating site and the health care provider is at the distant site. Two-way electronic interactive communication systems include audio, visual, or other telecommunication or electronic communication [...]").

[27] Del. Health & Social Services, Division of Medicaid & Medical Assistance, Delaware Medical Assistance Program, *Practitioner Provider Specific Policy Manual* §16.6.2 (Jan. 2024), https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=887&language=en-US&PortalId=0&TabId=94 ("The same procedure codes and rates apply as for services delivered in person.").

[28] 18. Del. Code. §3370(a)(4) ("'Telehealth' means the use of information and communications technologies consisting of telephones, remote patient monitoring devices or other electronic means which support clinical health-care provider consultation, patient and professional health-related education, public health, health administration, and other services as authorized in Chapter 60 of Title 24."); 18 Del. Code. §3307(a)(5) ("'Telemedicine' is a subset

of telehealth which is the delivery of clinical health-care services and other services, as authorized in Chapter 60 of Title 24, by means of real time 2-way audio, visual, or other telecommunications or electronic communications […]).

[29] 18 Del. Code §3370(e) ("An insurer, health service corporation, or health maintenance organization shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis and at least at the rate that the insurer, health service corporation, or health maintenance organization is responsible for coverage for the provision of the same service through in-person consultation or contact.").

[30] D.C. Code §31-3861(4) ("'Telehealth' means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment; provided, that services delivered through email messages or facsimile transmissions are not included.").

[31] D.C. Code § 31-3863 ("Medicaid shall cover and reimburse for healthcare services appropriately delivered through telehealth if the same services would be covered when delivered in person."). See also D.C. Department of Health Care Finance, Telemedicine Provider Guidance (Jan. 2023) ("D.C. Medicaid enrolled providers are eligible to deliver telemedicine services, using fee-for-service reimbursement, at the same rate as in-person consultations.").

[32] D.C. Code § 31-3861(4) ("'Telehealth' means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment; provided, that services delivered through email messages or facsimile transmissions are not included.").

[33] There is no explicit requirement in the statute that insurers must reimburse equally whether the service was delivered in person or via telehealth. D.C. Code §31-3862(b) ("A health insurer shall reimburse the provider for the diagnosis, consultation, or treatment of the insured when the service is delivered through telehealth.").

[34] Fla. Agency for Health Care Administration, F.L. Medicaid, Florida Medicaid Health Care Alert, *Ending of Federal Public Health Emergency: Updated Co-Payment and Telemedicine Guidance for Medical and Behavioral Health Providers* (May 2023), https://www.icontact-archive.com/archive?c=227375&f=11179&s=13873&m=863154&t=850d8a08f66cb5c2e1e49656573dbe0caeb447b39b9d192096e732cbe37425f5 ("Effective May 11, 2023, Florida Medicaid will cover telehealth services in accordance with the Agency's promulgated Telemedicine rule and will no longer cover audio-only telehealth services."); Fla. Admin. Code. R. 59G-1.057 (2016) ("Exclusion, Florida Medicaid does not reimburse for: Telephone conversations, chart review(s) electronic mail messages or facsimile transmissions").

[35] There is no explicit requirement that Medicaid will reimburse equally whether the service is delivered in person or via telehealth. Fla. Admin. Code. R. 59G-1.057(4) (2016) ("Florida Medicaid reimburses for telemedicine services using interactive telecommunications equipment that includes, at a minimum audio and video equipment permitting two-way, real time, interactive communication between a recipient and a practitioner."); Fla. Admin. Code. R. 59G-1.057(6)(a) (2016) ("Florida Medicaid reimburses the practitioner who is providing the evaluation, diagnosis, or treatment recommendation located at a site other than where the recipient is located.")

[36] Audio-only is not included in the exception language. Fla. Stat. § 456.47(1)(a) ("'Telehealth' means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include e-mail messages or facsimile transmissions."); *See also* S. Res. 312 (Fla. 2022) (removing a provision in the definition of "telehealth" that excludes audio-only telephone calls, effective July 1, 2022).

[37] Fla. Stat. § 627.42396 ("A contract between a health insurer issuing major medical comprehensive coverage through an individual or group policy and a telehealth provider, as defined in s. 456.47, must be voluntary between the insurer and the provider and must establish mutually acceptable payment rates or payment methodologies for services provided through telehealth. Any contract provision that distinguishes between payment rates or payment methodologies for services provided through telehealth and the same services provided without the use of telehealth must be initialed by the telehealth provider.").

[38] Non-covered services modalities include telephone conversations. Ga. Department of Community Health, Division of Medicaid, *Telehealth Guidance* 16-17 (January 2024), https://setrc.us/wp-content/uploads/2024/02/GA-2024-Telemedicine-Guidance_12202023_NG-revision_Q1-2024_Final-20231221203701.pdf ("Interactive audio and video telecommunications must be used, permitting real time communications between the distant site provider or practitioner and the member.").

[39] Audio-only is explicitly included in Georgia's definition of services covered under telehealth, but audio-only reimbursement is only covered if the service is a mental or behavioral health service. *See* Off. Code of Ga. Ann. § 33-24-56(b)(6) ("'Telehealth' means the use of information and communications technologies, including, but not

limited to, telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health related education, public health, and health administration."); Off. Code of Ga. Ann. § 33-24-56(g) ("[...] provided, however, that nothing in this subsection shall require [...] an insurer to pay for a telemedicine service provided through an audio-only call for any service other than mental or behavioral health services.").

[40] Off. Code of Ga. Ann. § 33-24-56.4(g) ("An insurer shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis and at least at the rate that the insurer is responsible for coverage for the provision of the same service through in-person consultation or contact [...]").

[41] Haw. Department of Human Services, Med-QUEST Division, Health Care Services Branch, Memo No. QI-2338 2 (November 2023), https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2338FFS%2023-22CCS-2311Telehealth%20Implementation(part%201)-signed(5)FINAL.pdf ("For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology.").

[42] Haw. Rev. Stat. § 346-59.1(b) ("Reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via in-person contact between a health care provider and a patient; provided that reimbursement for the diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system using two-way, real-time audio-only communication technology shall meet the requirements of Title 42 Code of Federal Regulations section 410.78.")

[43] Haw. Rev. Stat. § 431:10A-116.3(g) ("'Telehealth' means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Except as provided through an interactive telecommunications system, standard telephone contacts, facsimile transmissions, or e-mail text, in combination or alone, do not constitute telehealth services.")

[44] Reimbursement is at parity for interactive telecommunications systems, but not for audio-only communication technology, which is set to be 80% of reimbursement for the same service provided via in-person. Haw. Rev. Stat. § 431:10A-116.3(c).

[45] *Idaho Medicaid Provider Handbook* 9.12 126 (June 2024), https://www.idmedicaid.com/General%20Information/General%20Information%20and%20Requirements%20for%20Providers.pdf ("Virtual care or telehealth means providing medically necessary health care services without actual physical contact, using electronic means. Under Idaho Medicaid this means the participant and the provider are opting to interact in real-time or "live" from two physically different locations, by video or telephone.").

[46] *Idaho Medicaid Provider Handbook* 9.12.3 127 (June 2024), https://www.idmedicaid.com/General%20Information/General%20Information%20and%20Requirements%20for%20Providers.pdf ("Claims for services delivered via virtual care will be reimbursed at the same rate as face-to-face services. A service is considered audio only if 50% or more of the service is provided via audio only.").

[47] 89 Ill. Admin. Code § 140.403(a)(5) ("'Interactive Telecommunication System' means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and the distant site provider. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunication system.").

[48] 89 Ill. Admin. Code § 140.403(c)(2)(A) ("Participating providers shall be reimbursed for the appropriate AMA Current Procedural Terminology (CPT) code for the telehealth service rendered.").

[49] 225 Ill. Stat. § 150.5 ("'Interactive telecommunications system' means an audio and video system, an audio-only telephone system (landline or cellular), or any other telecommunications system permitting 2-way, synchronous interactive communication between a patient at an originating site and a health care professional or facility at a distant site. 'Interactive telecommunications system' does not include a facsimile machine, electronic mail messaging, or text messaging.").

[50] 215 Ill. Ins. Code § 356z.22(d) ("For purposes of reimbursement, an individual or group policy of accident or health insurance that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 102nd General Assembly shall reimburse an in-network health care professional or facility, including a health care professional or facility in a tiered network, for telehealth services provided through an interactive telecommunications system on the same basis, in the same manner, and at the same reimbursement rate that would apply to the services if the services had been delivered via an in-person encounter by an in-network or tiered network health care professional or facility. This subsection applies only to those services provided by telehealth that may otherwise be billed as an in-person service.")

[51] Only certain services are reimbursed when they are delivered via audio-only; these services include antepartum care, postpartum care, psychotherapy, developmental screening and test administration, genetic counseling, health behavior assessments and interventions, nutrition therapy, education and training for patient self-management, smoking and tobacco use counseling, and alcohol and substance abuse screening and interventions. Ind. Health Coverage Programs, *Provider Code Tables: Telehealth and Virtual Services Codes* 1-14 (May 2024), https://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Telehealth_Services_Codes.pdf ("The ICHP follows the rules laid out in *Indiana Code IC 25-1-9.5-6* for telehealth services.").

[52] Ind. Health Coverage Program, *Provider Reference Module: Telehealth and Virtual Services* 3 (February 2024), https://www.in.gov/medicaid/providers/files/modules/telehealth-and-virtual-services.pdf ("With the exception of services billed by a federally qualified health center (FQHC) or rural health clinic (RHC) or RPM services billed by a home health agency, the payment for telehealth services is equal to the current Fee Schedule amount for the procedure codes billed.").

[53] The exception language does not include audio-only services. Ind. Code § 25-1-9.5-6.6(a) ("As used in this chapter, 'telehealth' means the delivery of health care services using interactive electronic communications and information technology, in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), including: (1) secure videoconferencing; (2) store and forward technology; (3) remote patient monitoring technology; between a provider in one location and a patient in another location. The term does not include the use of the following unless the practitioner has an established relationship with the patient: (1) electronic mail, (2) An instant messaging conversation. (3) Facsimile. (4) Internet questionnaire. (5) Internet consultation.")

[54] Ind. Code § 27-8-34-6.6(b) ("Coverage for telehealth services required by subsection (a) may not be subject to a dollar limit, deductible, or coinsurance requirement that is less favorable to a covered individual than the dollar limit, deductible, or coinsurance requirement that applies to the same health care services delivered to a covered individual in person.").

[55]Audio-only is reimbursed for services such as psychotherapy, psychiatric diagnostic evaluation, pharmacologic management, alcohol and/or substance abuse screening and interventions, advance care planning, diabetes outpatient self-monitoring training services, nutrition therapy, immunization counseling, and medication-assisted treatment (MOUD). Iowa Department of Health and Human Services, *Covered Services Rates and* Payments (May 2024), https://hhs.iowa.gov/media/13025/download?inline=,%20https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments.

[56] Iowa Code § 441-78.55(249A) ("Health care services provided through in-person consultations or through telehealth shall be treated as equivalent services for the purposes of reimbursement.").

[57] Iowa Code § 514C.34(1)(f) ("'*Telehealth'* does not include the delivery of health care services delivered solely through an audio-only telephone, electronic mail message, or facsimile transmission.").

[58] Iowa Code § 514C.34(4)(a) ("A health carrier shall reimburse a health care professional and a facility for health care services provided by telehealth to a covered person for a mental health condition, illness, injury, or disease on the same basis and at the same rate as the health carrier would apply to the same health care services for a mental health condition, illness, injury, or disease provided in person to a covered person by the health care professional or the facility.")

[59] Kan. Department of Health and Environment, Division of Health Care Finance, *Kansas Medical Assistance Program Fee-For-Service Provider Manual: General Benefits* 32 (January 2024), https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Gen%20Benefits_24007_23311.pdf ("Telemedicine will be provided by means of real-time, two-way interactive audio, visual, or audio-visual communications [...]").

[60] Kan. Department of Health and Environment, Division of Health Care Finance, *Kansas Medical Assistance Program Fee-For-Service Provider Manual: General Benefits* 31 (January 2024), https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Gen%20Benefits_24007_23311.pdf ("Office visits, individual psychotherapy, and pharmacological management services may be reimbursed when provided via telecommunication technology. The consulting or expert provider at the distant site must bill an appropriate code

from the list below with place of service (POS) 02 - Telemedicine and will be reimbursed at the same rate as face-to-face services.").

[61] Kan. Stat. § 40-2,211(a)(5) ("Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient's healthcare. 'Telemedicine' does not include communication between: (A) Healthcare providers that consist solely of a telephone voice-only conversation, email, or facsimile transmission; or (B) a physician and a patient that consists solely of an email or facsimile transmission.").

[62] Kan. Stat. § 40-2,213(d) ("Payment or reimbursement of covered healthcare services delivered through telemedicine may be established by an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation or health maintenance organization in the same manner as payment or reimbursement for covered services that are delivered via in-person.")

[63] 907 Ky. Admin. Regs. 3:170, Section 3(7)(a) ("If a telehealth service is delivered as an audio-only encounter and a telephonic code exists for the same or similar service, the department shall reimburse at the lower reimbursement rate between the two (2) types of services."). See also 907 KAR 3:170 sec. 1(9) defining telehealth as defined by KRS 205.510(16), which defines telehealth as defined by KRS 211.332, which defines telehealth at (5)(a): "Means a mode of delivering healthcare services through the use of telecommunication technologies, including but not limited to synchronous and asynchronous technology, remote patient monitoring technology, and audio-only encounters, by a health care provider to a patient or to another health care provider at a different location".

[64] 907 Ky. Admin. Regs. 3:170, Section 4(1)(a) ("The department shall reimburse an eligible telehealth care provider for a telehealth service in an amount that is at least 100 percent of the amount paid for a comparable in-person service."); (1)(b) ("A managed care organization and provider may establish a different rate for telehealth reimbursement via contract as allowed pursuant to KRS 205.5591(a)(a)1…").

[65] Ky. Stat. § 211.322(5)(a) ("'Telehealth' or 'digital health': means a mode of delivering healthcare services through the use of telecommunication technologies, including but not limited to synchronous and asynchronous technology, remote patient monitoring technology, and audio-only encounters, by a health care provider to a patient or to another health care provider at a different location."); K.Y. Stat. § 304.17A-138(6) ("Providers and home health agencies are strongly encouraged to use audio-only encounters as a mode of delivering telehealth services when no other approved mode of delivering telehealth services is available.").

[66] Ky. Stat. § 304.17A-138(2)(a) ("Telehealth coverage and reimbursement shall, except as provided in paragraph (b) of this subsection, be equivalent to the coverage for the same service provided in person unless the telehealth provider and the health benefit plan contractually agree to a lower reimbursement rate for telehealth services."); K.Y. Stat. § 304.17A-138(2)(b) ("Rural health clinics, federally qualified health centers, and federally qualified health center look-alikes shall be reimbursed as an originating site in an amount equal to that which is permitted under 42 U.S.C. sec. 1295m for Medicare-participating providers [...]").

[67] La. Department of Health, *Professional Services: Chapter Five of the Medicaid Services Manual* 5.1 (September 2023), https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf ("The telecommunications system shall include, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the beneficiary at the originating site and the physician or other licensed practitioner at the distant site.").

[68] La. Department of Health, Bureau of Health Services Financing, *Professional Services: Chapter Five of the Medicaid Services Manual* 167 (September 2023), https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf ("Louisiana Medicaid only reimburses the distant site provider for services provided via telemedicine/telehealth. Reimbursement for services provided by telemedicine/telehealth is at the same level as services provided in person.").

[69] 22 L.A. Stat. § 1841 ("'Telehealth shall have the same meaning as defined in R.S. 37:1262, may be provided as described in R.S. 37:1271(B)(4), and may include audio-only conversations as provided for in R.S. 37:1271(B)(4)(b).").

[70] 22 La. Stat. § 1845.1(A) ("Telehealth coverage and payment shall be equivalent to the coverage and payment for the same service provided in person unless the telehealth provider and the health coverage plan contractually agree to an alternative payment rate for telehealth services.").

[71] Me. Department of Health and Human Services, *MaineCare Benefits Manual, Chapter 1, Section 4: Telehealth Services* 2 (November 2023), https://www.maine.gov/sos/cec/rules/10/ch101.htm ("Telehealth services may be either Telephonic or Interactive [...]"); Telephonic services are "the use of audio-only telephone communication by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment."

[72] Me. Department of Health and Human Services, *MaineCare Benefits Manual, Chapter 1, Section 4: Telehealth Services* 10 (November 2023), https://www.maine.gov/sos/cec/rules/10/ch101.htm ("When billing for Telehealth Services, Health Care Providers at the Receiving (Provider) Site must bill for the underlying Covered Service using the same claims they would if it were delivered face-to-face [...]The only services that may be billed by the Health Care Provider at the Receiving (Provider) Site are the fees for the underlying Covered Service delivered with the GT or 93 modifier.").

[73] 24-A M.E. Ins. Code § 4316(1)(C) ("'Telehealth' as it pertains to the delivery of health care services, means the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring."); 24-A M.E. Ins. Code § 4316(1)(B-2) ("'Synchronous encounters' means a real-time interaction conducted with interactive audio or video connection between an enrollee and the enrollee's provider or between providers regarding the enrollee.").

[74] There is no explicit payment parity requirement in Maine's state laws. Maine's Telehealth Act has a section on parity for telehealth services, which only requires coverage parity and not payment parity. *See* Me. Stat, tit. 24-A § 4316(2); *see also* Me. Department of Professional and Financial Regulation, Bureau of Insurance, *Bulletin 459: Insurance Coverage for Services Provided Through Telehealth* (August 2021) ("**Provider Compensation**: The telehealth coverage law requires parity for enrollee cost sharing, but it is silent about provider compensation. There are many factors that go into a fair, reasonable, and equitable charge. Strict parity could be appropriate in some cases but not others, and the Legislature did not impose any uniform formula or methodology.").

[75] Md. Health Gen. Code § 15-141.2(a)(7)(ii)(2) ("'Telehealth includes: [...] From July 1, 2021, to June 30, 2025, both inclusive, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of billable, covered health care service;"); *Maryland Medicaid Synchronous Telehealth Policy Guide* (August 2023) ("Maryland Medicaid reimburses certain services rendered via audio-only depending on the program. Please contact your specific program for information on covered services via audio-only.").

[76] Md. Health Gen. Code § 15-141.2(g)(3)(i) ("From July 1, 2021, to June 30, 2025, both inclusive, when appropriately provided through telehealth, the Program shall provide reimbursement in accordance with paragraph (1) of this subsection on the same basis and the same rate as if the health care service were delivered by the health care provider in person.").

[77] Md. Ins. Code § 15-139(a)(2) ("'Telehealth' includes from July 1, 2021, to June 30, 2025, both inclusive, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service.").

[78] Md. Ins. Code § 15-139(d)(2)(ii) ("From July 1, 2021, to June 30, 2025, both inclusive, when a health care service is appropriately provided through telehealth, an entity subject to this section shall provide reimbursement in accordance with paragraph (1)(i) of this subsection on the same basis and at the same rate as if the health care service were delivered by the health care provider in person.").

[79] Mass. Stat. 118E § 79(a) ("'Telehealth', the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology, (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interviews [...]"); M.A. Executive Office of Health and Human Services, Office of Medicaid, *All Provider Bulletin 379* (October 2023), https://www.mass.gov/doc/all-provider-bulletin-379-access-to-health-services-through-telehealth-options-0/download ("MassHealth will reimburse for such services at parity with their in-person counterparts […]").

[80] Mass. Executive Office of Health and Human Services, Office of Medicaid, *All Provider Bulletin 379* (October 2023), https://www.mass.gov/doc/all-provider-bulletin-379-access-to-health-services-through-telehealth-options-0/download ("MassHealth will reimburse for such services at parity with their in-person counterparts, including services provided through live-video, audio-only, or asynchronous visits that otherwise meet billing criteria, including use of required modifiers.")

[81] Mass. Stat. 175 § 47MM(a) ("'Telehealth', the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interview […]").

[82] Payment parity only applies to behavioral health services. Mass. Stat. 175 § 47MM(g) ("Insurance companies organized under this chapter shall ensure that the rate of payment for in network providers of behavioral health services delivered via interactive audio-video technology and audio-only technology shall be no less than the rate of payment for the same behavioral health service delivered via in-person methods.")

[83] Mich. Department of Health and Human Services, *Medicaid Provider Manual* 2123 (July 2024), https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf ("MDHHS supports the use of simultaneous audio/visual telemedicine service delivery as a primary method of telemedicine service; however, in situations where the beneficiary cannot access services via a simultaneous audio/visual platform, either due to

technology constraints or other concerns, MDHHS will allow the provision of audio-only services for a specific set of procedure codes.")

[84] Mich. Department of Health and Human Services, *Medicaid Provider Manual* 2126 (July 2024), https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf ("The reimbursement rate for allowable telemedicine services will be the same (also known as 'at parity') as in-person services. This means that all providers will be paid the equivalent amount, no matter the physical location of the beneficiary during the visit.")

[85] Mich. Comp. Laws § 500.3476(2)(b) ("'Telemedicine' means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191, compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.")

[86] Mich. Comp. Laws § 500.3476(1) ("[...] Telemedicine services are subject to all terms and conditions of the health insurance policy agreed on between the policyholder and the insurer, including, but not limited to, required copayments, coinsurances, deductibles, and approved amounts.").

[87] Minn. Department of Human Services, *Telehealth Services Provider Manual* (June 2023), https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-335178#ncs ("Audio-only communication will be covered if: (1) There is a scheduled appointment and the standard of care for that particular service can be met through the use of audio-only communication; (2) Substance use disorder (SUD) treatment services and mental health services delivered without a scheduled appointment when initiated by the member while in an emergency or crisis situation and a scheduled appointment was not possible due to the need of an immediate response.").

[88] Minn. Stat. § 256B.0625 Subd. 3b(a) ("Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telehealth in the same manner as if the service or consultation was delivered in person. Services or consultations delivered through telehealth shall be paid at the full allowable rate.").

[89] Minn. Stat. 62A673 § Subd. 2(h) ("Until July 1, 2025, telehealth also includes audio-only communication between a health care provider and a patient in accordance with subdivision 6, paragraph (b)").

[90] Minn. Stat. 62A673 § Subd. 5(a) ("A health carrier must reimburse the health care provider for services delivered through telehealth on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered by the health care provider through in-person contact.").

[91] Telehealth service interactions must be live, interactive, and audiovisual. Miss. Code. R. § 23-225-1.1.

[92] Miss. Code R. § 23-225-1.5(B) ("The Division of Medicaid reimburses all providers delivering a medically necessary telehealth service at the distant site at the current applicable Mississippi Medicaid fee-for-service rate for the service provided.") (https://medicaid.ms.gov/wp-content/uploads/2020/07/Title-23-Part-225-Telemedicine-eff-8.1.20-1.pdf).

[93] Miss. Code R. § 83-9-351(1)(d) (Telemedicine, other than remote patient monitoring services and store-and-forward telemedicine services, must be "real-time" audio visual capable.").

[94] Miss. Stat. § 83-9-351(2) ("All health insurance and employee benefit plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation.")

[95] Audio-only is only permitted and reimbursed for certain services. Mo. Department of Mental Health, *Guidance and Clarification on the Definition and Use of Telemedicine and Audio-Only Services* (July 2022) https://dmh.mo.gov/media/pdf/guidance-and-clarification-definition-and-use-telemedicine-and-audio-only-services.

[96] Mo. Department of Social Services, https://mydss.mo.gov/mhd/hot-tips/telehealth-services (January 11, 2022) ("Reimbursement to health care providers delivering the medical service at the distant site is equal to the current fee schedule amount for the service provided.").

[97] The definition of telehealth does not cover audio-only technologies. Mo. Rev. Stat. § 191.1145.1(6) ("'Telehealth' or 'telemedicine', the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.").

[98] Mo. Rev. Stat. § 376.1900 4. ("[...] a health carrier shall reimburse a health care provider for the diagnosis, consultation, or treatment of an insured or enrollee when the health care service is delivered through telehealth on the same basis that the health carrier covers the service when it is delivered in person.")

[99] Mont. Department of Public Health and Human Services, *Montana Healthcare Programs Notice: Coverage and Reimbursement Policy for Telemedicine / Telehealth Services* 1 (March 2023),

https://medicaidprovider.mt.gov/docs/providernotices/2023/provnoticeCoverageandReimbursementPolicyforTelemedicineTelehealth63.pdf ("There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.").

[100] Mont. Department of Public Health and Human Services, *Montana Healthcare Programs Notice: Coverage and Reimbursement Policy for Telemedicine / Telehealth Services* 1 (March 2023), https://medicaidprovider.mt.gov/docs/providernotices/2023/provnoticeCoverageandReimbursementPolicyforTelemedicineTelehealth63.pdf ("Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.")

[101] Mont. Code § 33-22-138(8)(c)(i) ("'Telehealth' means the use of audio, video, or other telecommunications technology or media, including audio-only communication, that is: (A) used by a health care provider or health care facility to deliver health care services; and (B) delivered over a secure connection that complies with state and federal privacy laws.").

[102] Montana does not have an explicit payment parity law. The Montana legislature tabled a bill that would have required reimbursement parity for telehealth services. *See* S. Res. 196, 68th Leg., Reg. Sess. (Mont. 2023).

[103] Neb. Department of Health and Human Services, *Guidance Document* 6, https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2023-38.pdf (providing billing codes and modifiers for "synchronous telemedicine service rendered via telephone or other real-time interactive audio only").

[104] 471 Neb. Admin. Code, ch. 10, § 004.09 ("Telehealth services are reimbursed by Medicaid at the same rate as the service when it is delivered in person in accordance with each service specific chapter in Title 471 NAC.").

[105] Neb. Rev. Stat. § 44-312(1)(a)(iii) ("Telehealth also includes audio-only services for the delivery of individual behavioral health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law;").

[106] Neb. Rev. Stat. § 44-312(4) ("Except as otherwise provided in section 44-793, the reimbursement rate for any telehealth service shall, at a minimum, be the same as a comparable in-person health care service if the licensed provider providing the telehealth service also provides in-person health care or is employed by or holds medical staff privileges at a licensed facility in Nebraska and such facility provides in-person health care services in Nebraska."); Neb. Rev. Stat. § 44-793 (requiring payment parity for mental health services delivered via telehealth if the patient is insured).

[107] Nevada Medicaid Services Manual Transmission Letter (Nov. 2023), https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C3400/MSM_3400_23_11_29_ADA.pdf ("'"Telehealth" is defined as the delivery of service from a provider of health care to a patient at a different location through the use of telecommunication technologies, not including facsimile or electronic mail… Audio only telehealth must be delivered based on medical necessity and clinical appropriateness for the recipient as documented within the recipient's medical record.").

[108] Nevada Medicaid Services Manual Transmission Letter (Nov. 2023), https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C3400/MSM_3400_23_11_29_ADA.pdf ("Services provided via telehealth have parity with in-person health care services.").

[109] Nev. Rev. Stat. 695G.162(2) ("A health care plan issued by a managed care organization for group coverage must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means: (b) For counseling or treatment relating to a mental health condition or a substance use disorder, including, without limitation, when such counseling or treatment is provided through audio-only interaction.").

[110] Nev. Rev. Stat. § 695G.162(2) ("A health care plan issued by a managed care organization for group coverage must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means […]").

[111] N.H. Stat. § 167:4-d(III)(3)(e) ("The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.").

[112] N.H. Stat. § 167:4-d(III)(3)(b) ("The Medicaid program shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person.").

[113] N.H. Stat. § 415-J:2(III) ("'Telemedicine,' as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of facsimile.").

[114] N.H. Stat. § 415-J:3(III) ("An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person.").
[115] N.J. Stat. § 30:4D-6k(b)(2) ("[...] In no case shall the State Medicaid and NJ FamilyCare programs: [...] (2) restrict the ability of a provider to use any electronic or technological platform to provide services using telemedicine or telehealth, including, but not limited to, interactive, real-time, two-way audio [...].").
[116] N.J. Stat. § 30:4D-6k(a) ("The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered when delivered through in-person contact and consultation in New Jersey.").
[117] N.J. Stat. § 45:1-61 ("'Telehealth' means the use of information and communication technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L.2017, c. 117(C.45:1-61 et al.).").
[118] N.J. Stat. § 26:2S-29(a) ("A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered under the plan when delivered through in-person contact and consultation in New Jersey.").
[119] N.M. Code § 8.310.2.12(M)(2) ("Telephone visits: MAD will reimburse eligible providers for limited professional services delivered by telephone without video.").
[120] N.M. Code § 8.310.2.12(M)(1) ("[...] If real-time audio/video technology is used in furnishing a service when the MAP eligible recipient and the practitioner are in the same institutional or office setting, then the practitioner should bill for the service furnished as if it was furnished in person as a face to face encounter [...].").
[121] N.M. Stat. § 59A-22-49.3(I) ("An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.").
[122] N.Y Department of Health, *New York State Medicaid Fee-for-Service Provider Policy Manual: Telehealth Policy Manual* 7 (May 2024), https://health.ny.gov/health_care/medicaid/redesign/telehealth/docs/provider_manual.pdf ("NYS Medicaid covers audio-only visits for NYS Medicaid members when all the following conditions are met: audio visual telehealth is not available to the patient due to lack of patient equipment or connectivity or audio-only is the preference of the patient; the provider must make either audio-visual or in-person appointments available at the request of the patient; the service can be effectively delivered without a visual or in-person component, unless otherwise stated in guidance issued by the NYS DOH (this is a clinical decision made by the provider); ***and*** the service provided via audio-only visits contains all elements of the billable procedures or rate codes and meets all documentation requirements as if provided in person or via an audio-visual visit."); N.Y. C.R.R. § 538.2(a) ("An "audio-only visit" is reimbursable when the service can be effectively delivered without a visual or in-person component; and it is the only available modality or is the patient's preferred method of service delivery; and the patient consents to an audio-only visit; and it is determined clinically appropriate by the ordering or furnishing provider; and the provider meets billing requirements, as determined and specified by the commissioner in administrative guidance. Services provided via audio-only visits shall contain all elements of the billable procedures or rate codes and must meet all documentation requirements as if provided in person or via an audio-visual visit.").
[123] N.Y. Department of Health, *NYS Medicaid Telehealth,* (December 2023), https://www.health.ny.gov/health_care/medicaid/redesign/telehealth/index.htm ("There are no different fees for telemedicine services provided in Medicaid Fee-For-Service; they are paid the same fee as if they were delivered in-person.").
[124] 11 N.Y. C.R.R. § 52.16(q)(3) ("*Telehealth* means the use of electronic information and communication technologies, including the telephone, by a health care provider to deliver health care services to an insured while such insured is located at a site that is different from the site where the health care providers is located [...]").
[125] N.Y. Stat. § 4306-g(a)(2) ("A corporation that provides comprehensive coverage for hospital, medical or surgical care shall reimburse covered services delivered by means of telehealth on the same basis, at the same rate, and to the same extent that such services are reimbursed when delivered in person;").
[126] N.C. Medicaid, *Telehealth, Virtual Communications and Remote Patient Monitoring, Clinical Coverage Policy No: 1H* 2 (June 2023) https://medicaid.ncdhhs.gov/1h-telehealth-virtual-communications-and-remote-patient-

monitoring/download?attachment ("Virtual communications is the use of technologies other than video to enable remote evaluation and consultation support between a provider and a beneficiary or a provider and another provider. As outlined in Attachment A and program specific clinical coverage policies, covered virtual communication services include: telephone conversations (audio only); virtual portal communications (secure messaging); and store and forward (transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation).").

[127] N.C. Medicaid, *NC Medicaid 2021 Provider Playbook: Fact Sheet Telehealth Program* 1 (June 2021), https://medicaid.ncdhhs.gov/telehealth-program/open#:~:text=HOW%20IS%20TELEHEALTH%20PAYMENT%20DIFFERENT,COVERAGE%20CONTINUE%20AFTER%20COVID%2D19 ("Medicaid and NC Health Choice will continue to cover and reimburse all telehealth interactions at a rate that is equal to in-person care as long as they meet the standard of care and are conducted over a secure HIPAA-compliant technology with live audio and video capabilities."); N.C. Medicaid, *Clinical Coverage Policy No: 1H: Telehealth, Virtual Communications and Remote Patient Monitoring* 16, https://medicaid.ncdhhs.gov/1h-telehealth-virtual-communications-and-remote-patient-monitoring/download?attachment ("Provider Provider(s) shall bill their usual and customary charges. When the GT modifier is appended to a code billed for professional services, the service is paid at the allowed amount of the fee schedule.").

[128] N.D. Medicaid, *Telehealth* (July 2024), https://www.hhs.nd.gov/sites/www/files/documents/Medicaid%20Policies/telehealth.pdf. ("Audio-Only Telephone Services can be delivered by using older-style "flip" phones or a traditional "land-line" phones that only support audio-based communication. Only certain services are covered using audio-only telephone services (see linked list of covered services below).").

[129] N.D. Cent. Code § 26.1-36-09.15.1(j)(3) ("'Telehealth': [...] Does not include the use of electronic mail, facsimile transmissions, or audio-only telephone unless for the purpose of e-visits or a virtual check-in.").

[130] N.D. Cent. Code § 26.1-36-09.15.3 ("Payment or reimbursement of expenses for covered health services delivered by means of telehealth under this section may be established through negotiations conducted by the insurer with the health services providers in the same manner as the insurer establishes payment or reimbursement of expenses for covered health services that are delivered by in-person means.").

[131] Ohio Admin. Code 5160-1-18(A)(3) (""Telehealth" is the direct delivery of health care services to a patient related to diagnosis, treatment, and management of a condition. (a) Telehealth is the interaction with a patient via synchronous, interactive, real-time electronic communication comprising both audio and video elements; or (b) The following activities that are asynchronous or do not have both audio and video elements: (i) Telephone calls;").

[132] Ohio Admin. Code 5160-1-18(E)(4) ("[T]he payment amount for a health care service delivered through the use of telehealth is the lesser of the submitted charge or the maximum amount shown in appendix DD to rule 5160-1-60 of the Administrative Code for the date of service.").

[133] Ohio Admin. Code § 4731-37-01(B)(3) ("Telephone calls, as a synchronous communication technology, may only be used for telehealth services when all of the elements of a bona fide health care visit meeting the standard of care are performed.").

[134] Ohio Rev. Code § 3902.30(B)(3) ("A health plan issuer shall reimburse a health care professional for a telehealth service that is covered under a patient's health benefit plan. Division (B)(3) of this section shall not be construed to require a specific reimbursement amount."); O.H. Rev. Code § 3902.30(E)(2) ("This section shall not be construed as doing any of the following: [...] (2) Requiring a health plan issuer to reimburse a telehealth provider for telehealth services at the same rate as in-person services;").

[135] Okla. Admin. Code § 317:30-3-27.1(c)(1) ("Health service delivery via audio-only telecommunications is applicable to medically necessary covered primary care and other approved health services. Refer to the Oklahoma Health Care Authority (OHCA) website, www.okhca.org, for a complete list of the SoonerCare-reimbursable audio-only health services codes.").

[136] Okla. Admin. Code § 317:30-3-27.1(e)(3) ("Health care services delivered via audio-only telecommunications are reimbursed pursuant to the fee-for-service fee schedule approved under the Oklahoma Medicaid State Plan.").

[137] 36 Okla. Stat. Ann. § 6802.

[138] Okla. Stat. § 36.6803(E) ("An insurer shall reimburse the treating health care professional or the consulting health care professional for the diagnosis, consultation or treatment of the patient delivered through telemedicine services on the same basis and at least at the rate of reimbursement that the insurer is responsible for coverage of the provision of the same, or substantially similar, services through in-person consultation or contact.").

[139] Or. Stat. § 414.723(2) ("[...] the Oregon Health Authority shall reimburse the cost of health services delivered using telemedicine, including but not limited to: (a) Health services transmitted via landlines, wireless communications, the Internet and telephone networks; (b) Synchronous or asynchronous transmissions using audio only, video only, audio and video and transmission of data from remote monitoring devices;").
[140] Or. Stat. § 414.723(3)(a) ("The authority shall pay the same reimbursement for a health service regardless of whether the service is provided in person or using any permissible telemedicine application or technology."); Note: paragraph (b) states that paragraph (a) does not prohibit the use of value-based payment methods.
[141] Or. Stat. § 743A.058(3) ("Except as provided in subsection (4) of this section, permissible telemedicine applications and technologies include: (a) Landlines, wireless communications, the Internet and telephone networks; **and** (b) Synchronous or asynchronous transmissions using audio only, video only, audio and video and transmission of data from remote monitoring devices.").
[142] Or. Stat. § 743A.058(8)(a) ("A health benefit plan and dental-only plan must pay the same reimbursement for a health service regardless of whether the service is provided in person or using any permissible telemedicine application or technology."); Note: paragraph (b) of this subsection states that paragraph (a) does not prohibit the use of value-based payment methods.
[143] S. Res. 739, Gen. Assemb., Reg. Sess. §4802 (Pa. 2023) ("'Telemedicine.' The delivery of health care services to a patient by a health care provider who is at a different location, through synchronous interactions [...]"); ("'Synchronous interaction.' A two-way or multiple-way exchange of information between a patient and a health care provider that occurs in real time via audio or video conferencing.").
[144] S. Res. 739, Gen. Assemb., Reg. Sess. § 4804(a)(2) (Pa. 2023) ("The MA or CHIP managed care plan shall pay a participating network provider for covered health care services delivered through telemedicine in accordance with the terms and conditions of both:(i) the contract negotiated between the MA or CHIP managed care plan and the participating network provider; and (ii) the agreement with the Department of Human Services.").
[145] S. Res. 739, Gen. Assemb., Reg. Sess. § 4802 (Pa. 2023) ("'Telemedicine.' The delivery of health care services to a patient by a health care provider who is at a different location, through synchronous interactions [...]"); ("'Synchronous interaction.' A two-way or multiple-way exchange of information between a patient and a health care provider that occurs in real time via audio or video conferencing.").
[146] S. Res. 739, Gen. Assemb., Reg. Sess. §4803(a)(2) (Pa. 2023) ("Subject to paragraph (1), an insurer shall pay or reimburse a participating network provider for covered health care services delivered through telemedicine and pursuant to a health insurance policy in accordance with the terms and conditions of the contract as negotiated between the insurer and the participating network provider.").
[147] R.I. Gen. Laws § 27-81-3(15) ("'Telemedicine' means the delivery of clinical healthcare services by use of real time, two-way synchronous audio, video, telephone-audio-only communications or electronic media or other telecommunications technology [...]").
[148] R.I. Gen. Laws § 27-81-4(b)(2) ("All medically necessary and clinically appropriate telemedicine services delivered by in-network primary care providers, registered dietitian nutritionists, and behavioral health providers shall be reimbursed at rates not lower than services delivered by the same provider through in-person methods."); R.I. Gen. Laws § 27-81-3(7)("'Health insurer means any person, firm, or corporation offering and/or insuring healthcare services on a prepaid basis, including [...] the Rhode Island Medicaid program [...]").
[149] R.I. Gen. Laws § 27-81-3(15) ("'Telemedicine' means the delivery of clinical healthcare services by use of real time, two-way synchronous audio, video, telephone-audio-only communications or electronic media or other telecommunications technology [...]").
[150] R.I. Gen. Laws § 27-81-4(b)(2) ("All medically necessary and clinically appropriate telemedicine services delivered by in-network primary care providers, registered dietitian nutritionists, and behavioral health providers shall be reimbursed at rates not lower than services delivered by the same provider through in-person methods.")
[151] S.C. Dep't of Health & Human Services, "Updates to Telehealth Flexibilities Issued During the COVID-19 Public Health Emergency," https://www.scdhhs.gov/communications/updates-telehealth-flexibilities-issued-during-covid-19-public-health-emergency.
[152] S.D. Department of Social Services, *South Dakota Medicaid Billing and Policy Manual: Telemedicine and Audio-Only Services* 9 (July 2024), https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Telemedicine.pdf ("South Dakota Medicaid covers real time, two-way audio-only behavioral health services delivered by a Substance Use Disorder (SUD) Agency or a Community Mental Health Center (CMHC) when the recipient does not have access to face-to-face audio/visual telemedicine technology.").
[153] S.D. Department of Social Services, *South Dakota Medicaid Billing and Policy Manual: Telemedicine and Audio-Only Services* 12 (July 2024),

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Telemedicine.pdf ("The maximum allowable amount for services provided via telemedicine is the same as services provide in-person.").
[154] S.D. Stat. § 58-17-167(4) ("'Telehealth' [...] does not include the delivery of health care services through audio-only telephone [...].").
[155] S.D. Stat. § 58-17-169 ("A health insurance policy, contract, or plan providing for third-party payment may not discriminate between coverage benefits for health care services that are provided in person and the same health care services that are delivered through telehealth as long as the services are appropriate to be provided through telehealth. Nothing in §§ 58-17-167 to 58-17-170, inclusive, prohibits a health insurer and a health care professional from entering into a contract for telehealth with terms subject to negotiation.").
[156] Tenn. Code § 56-7-1002(a)(7)(B)(i) ("'Telehealth': [...] Does not include: (i) An audio-only conversation;").
[157] Tenn. Code § 56-7-1012(a) ("Notwithstanding § 56-7-1002(e), a health insurance entity shall provide reimbursement for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service [...]"); Tenn. Code § 56-7-1012(b) ("Notwithstanding § 56-7-1003(e), a health insurance entity shall provide reimbursement for healthcare services provided during a provider-based telemedicine encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service [...]").
[158] Tenn. Code § 56-7-1002(a)(7)(B)(i) ("'Telehealth': [...] Does not include: (i) An audio-only conversation;").
[159] Tenn. Code § 56-7-1012(a) ("Notwithstanding § 56-7-1002(e), a health insurance entity shall provide reimbursement for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service [...]"); Tenn. Code § 56-7-1012(b) ("Notwithstanding § 56-7-1003(e), a health insurance entity shall provide reimbursement for healthcare services provided during a provider-based telemedicine encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service [...]").
[160] Audio-only services are reimbursed for behavioral health services if the provider is enrolled in Texas Medicaid, if the provider has obtained informed consent from the client or client's representative to deliver services via audio-only, if the service is provided in compliance with licensing board standards, and if the service is designated for reimbursement by HHSC. Tex. Admin. Code § 354.1435.
[161] Tex. Code § 531.0217(d) ("The commission shall require reimbursement for a telemedicine medical service at the same rate as Medicaid reimburses for the same in-person medical service.").
[162] Tex. Code tit. 8 subtitle F § 1455.004(2)(c).
[163] Utah Code § 26B-3-123(4) ("The Medicaid program shall reimburse for audio-only telehealth services as specified by division rule.").
[164] Utah Code § 26B-3-123(3) ("The Medicaid program shall reimburse for telemedicine services at the same rate that the Medicaid program reimburses for other health care services.").
[165] Utah Code § 31A-22-649.5. Limited to audio-visual, but also requires coverage for telemedicine services that are covered by Medicare, which does include audio-only for SUD and MH.
[166] Utah Code § 31A-22-649.5(2)(b) ("Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan offered in the individual market, the small group market, or the large group market shall: [...] (b) reimburse a network provider that provides the telemedicine services described in Subsection (2)(a) at a negotiated commercially reasonable rate.").
[167] Department of Vt. Health Access, *Telehealth*, https://dvha.vermont.gov/providers/telehealth ("Vermont Medicaid will provide reimbursement at the same rate for medically necessary, clinically appropriate services delivered by telephone.").
[168] *Id.*
[169] Vt. Department of Financial Regulation, *In Re: Coding and Reimbursement for Audio-Only Telephone Services Required by Act of 2021* 3 https://dfr.vermont.gov/sites/finreg/files/regbul/dfr-order-docket-23-011-i-audio-only-coding.pdf ("Beginning on January 1, 2024: Health insurance plans shall provide reimbursement for audio-only telephone services billed using accepted CPT language and definitions including both CPT codes for in-person services and telephone-specific E/M codes.").
[170] 8 V.S.A. § 4100k(a)(2)(A) ("A health insurance plan shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the health insurance plan and provider contract, regardless of whether the service was provided through an in-person visit with the health care provider or through telemedicine."); Exceptions apply. *See* 8 V.S.A. § 4100k(2)(B) ("The provisions of subdivision (A) of this subdivision (2) shall not apply: (i) to services provided pursuant to the health insurance plan's contract with a third-party telemedicine vendor to provide health care or dental services; or (ii) in the event that a health insurer and

health care provider enter into a value-based contract for health care services that include care delivered through telemedicine or by store-and-forward means.").

[171] Table 6 of this document provides billing codes for audio-only services. Va. Department of Medical Assistance Services, *Provider Manual Title: Telehealth Services Supplement*, Attachment A (January 2024), https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-01/Telehealth%20Services%20Supplement%20%28updated%201.10.24%29_Final.pdf.

[172] Va. Department of Medical Assistance Services, *Telehealth Questions & Answers* v.8.5.2021, https://www.dmas.virginia.gov/media/3738/telehealth-q-and-a-v-8-5-21.pdf ("At this time, the reimbursement rate for services delivered via telemedicine is the same as for those delivered face-to-face.").

[173] Va. Code § 38.2-3418.16(B) ("'Telemedicine services' does not include an audio-only telephone [...]").

[174] Va. Code § 38.2-3418.16(D) ("[...] however, such insurer, corporation, or health maintenance organization shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis that the insurer, corporation, or health maintenance organization is responsible for coverage for the provision of the same service through face-to-face consultation or contact.").

[175] R.C.W § 74.06.327(9)(j) ("[...] telemedicine includes audio-only telemedicine [...].").

[176] R.C.W § 74.06.327(1)(b)(i) ("Except as provided in (b)(ii) of this subsection, a managed care organization [contracted with the authority for the medicaid program] shall reimburse a provider for a health care service provided to a covered person through telemedicine the same amount of compensation the managed care organization would pay the provider if the health care service was provided in person by the provider.").

[177] R.C.W. § 48.43.735(1)(a)(v) ("For health plans issued or renewed on or after January 1, 2017, a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine or store and forward technology if: [...] (v) Beginning January 1, 2023, for audio-only telemedicine, the covered person has an established relationship with the provider.").

[178] R.C.W. § 48.43.735(1)(b)(i) ("Except as provided in (b)(ii) of this subsection, a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine the same amount of compensation the carrier would pay the provider if the health care service was provided in person by the provider."); However, there is an exception. *See* R.C.W. 48.43.735(b)(ii) ("Hospitals, hospital systems, telemedicine companies, and provider groups consisting of eleven or more providers may elect to negotiate an amount of compensation for telemedicine services that differs from the amount of compensation for in-person services.").

[179] W.V. Dep't of Health & Human Resources, 519.17 Telehealth Services: as of Jan. 1, 2022, deleted telephones under the Non-Covered Services. https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20519%20Practitioner%20Services/Policy_519.17_Telehealth1.1.22.pdf.

[180] W.V. Dep't of Health & Human Resources, 519.17 Telehealth Services, https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20519%20Practitioner%20Services/Policy_519.17_Telehealth1.1.22.pdf ("Medicaid will reimburse according to the fee schedule for services provided.").

[181] W.Va. Code § 33-57-1(a)(6) (""Telehealth services" means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include e-mail messages or facsimile transmissions.").

[182] W.Va. Code § 33-57-1(d) ("An insurer subject to §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et seq., §33-25-1 et seq., and §33-25A-1 et seq. of this code which issues, renews, amends, or adjusts a plan, policy, contract, or agreement on or after July 1, 2021, shall provide reimbursement for a telehealth service for an established patient, or care rendered on a consulting basis to a patient located in an acute care facility whether inpatient or outpatient on the same basis and at the same rate under a contract, plan, agreement, or policy as if the service is provided through an in-person encounter rather than provided via telehealth.").

[183] ForwardHealth, "Covered and Noncovered Services: Telehealth," https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=50&s=2&c=676 ("Telehealth may include real-time interactive audio-only communication.")

[184] ForwardHealth, "Covered and Noncovered Services: Telehealth," https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=50&s=2&c=676 ("ForwardHealth reimburses the service rendered by distant site providers at the same rate as when the service is provided face-to-face.").

[185] Acentra Health, *WY BMS CMS-1500 Provider Manual* 137 (July 2024) ("Telehealth does not include a telephone conversation […]").

SB0372 Preserve Telehealth Access Act of 2025.pdf
Uploaded by: Dorothy Plantz
Position: FAV

SB0372 Preserve Telehealth Access Act of 2025

Finance Committee
Support

Dear Honorable Pamela Beidle, Chair, Honorable Antonio Hayes Vice Chair and the Finance Committee:

I am a community advocate who is the parent of an adult son who has multiple disabilities including intellectual and developmental disabilities and visual impairment.

Please vote in support of **SB0372** which would extend Medicaid and other health plans coverage for telehealth appointments which are audio only beyond June 30,2025. Individuals with disabilities in many cases do not have access to transportation opportunities necessary to get to appointments or the technology, including the internet necessary to initiate video calls. In many cases the cost of these services is prohibitive. Audio connections may be the only way many people can access reliable and timely health care. Not providing this opportunity becomes an equity healthcare issue.

Please vote in favor of **SB0372**. Thank you for your consideration.

Sincerely,

Dorothy Plantz
District 12A
10128 Spring Pools Lane
Columbia, MD 21044
Dorothy.greenthumb@gmail.com

SB0372_FAV_MedChi, MDAFP, MDAAP, MDACOG, MACHC_Pre
Uploaded by: Drew Vetter
Position: FAV

Senate Finance Committee
February 5
Senate Bill 372 – *Preserve Telehealth Access Act of 2025*
POSTION: SUPPORT

On behalf of MedChi, The Maryland State Medical Society, the Maryland Academy of Family Physicians, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Section of The American College of Obstetricians and Gynecologists, and the Mid-Atlantic Association of Community Health Centers, we submit this letter of support for Senate Bill 372.

This legislation permanently removes the sunset date on provisions that allow audio-only telehealth services to be reimbursed by Medicaid and private insurers in Maryland. It also ensures continued payment parity by requiring that telehealth services be reimbursed at the same rate as in-person care. Senate Bill 372 directly aligns with the second recommendation from the Maryland Health Care Commission's 2023 "Telehealth Study Recommendations," which advocates for the continuation of audio-only telehealth encounters, underscoring their value for both providers and patients.

The report highlights several key points in support of audio-only telehealth services: "[audio-only telehealth]; promotes equitable access to care, especially when circumstances prevent use of audio-visual technology (e.g., unavailable or unreliable broadband); and maintains access to care, particularly for behavioral health services, which account for the highest share of audio-only encounters." The full report can be accessed at MHCC Telehealth Study Recommendations.

By making these critical telehealth provisions permanent, Senate Bill 372 will help ensure equitable access to care, improve patient outcomes, and support the continued use of effective, patient-centered telehealth services across Maryland. It will allow providers to continue offering flexible, efficient care options that meet patient needs, reduce administrative burdens, and enhance overall practice sustainability. For these reasons, we strongly encourage the passage of Senate Bill 372.

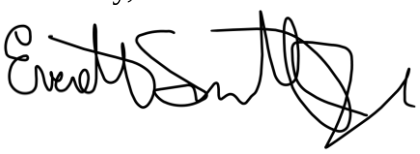
For more information call:
Andrew G. Vetter
J. Steven Wise
Danna L. Kauffman
Christine K. Krone
410-244-7000

Smith Testimony_Preserve Telehealth Access Act of
Uploaded by: Everett Smith Jr
Position: FAV

In Support of SB 372 Preserve Telehealth Access Act of 2025

I am writing in support of SB 372 as a citizen of Maryland and licensed social worker. Telehealth improves access to care and allows service users more options for accessing care based on their individual circumstances. Importantly, many people benefit from telephonic contacts in addition to live audio/video through telehealth platforms. I began my social work career in Baltimore City as a Multisystemic Therapist (MST) in 2011 and later joined Functional Family Therapy (FFT) in 2012 for Department of Juveniles Services involved families. Both programs use telephonic contacts with youth and caregivers to coach caregivers and youth through challenges in addition to in-person services. Other research-informed programs like Dialectical Behavior Therapy (DBT) also use phone-based coaching as part of standard care. Telephonic practice can provide immediate support to people who may not have access to broadband internet, technology, or digital literacy skills for live audio/video. When I transitioned to outpatient mental health care, in 2014 I spent over 2 hours on the phone to de-escalate an adult with active suicidal ideation. I successfully supported the client without a costly hospitalization; however, Medicaid refused reimbursement due to the service being telephonic. The emergency orders to authorize telehealth including telephonic care were an appropriate approach to the COVID pandemic. Following the temporary authorizations for telehealth, I began providing mental health therapy to older adults referred by primary care providers through a major health system in Maryland from October 2022 through December 2023. During that time, all mental health services were provided through telehealth. Every older adult I served was offered the choice between telephonic and live audio/video. Every single older adult selected telephonic as their modality of choice for engaging in mental health therapy, and clients demonstrated improved mental wellness. In summary, I have personally witnessed the importance of telephonic therapy to provide access to clients from adolescence to older adulthood. In particular, many older adults are more comfortable using phones with providers. Preserving telehealth services is important for ensuring Marylanders have access to critical mental health care when in-person care is impractical or unfeasible. Thank you for your time and commitment to all Maryland residents.

Sincerely,



Everett Smith Jr.

SB372 Telehealth 2025 Hopkins.Hughes Support.pdf
Uploaded by: Helen Hughes
Position: FAV

JOHNS HOPKINS
UNIVERSITY & MEDICINE

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.

SB 372 Preserve Telehealth Access Act.pdf
Uploaded by: Jake Whitaker
Position: FAV

Maryland
Hospital Association

Senate Bill 372- Preserve Telehealth Access Act of 2025

Position: *Support*
February 5, 2025
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 372. This legislation builds on the success of the Preserve Telehealth Access Acts of 2021 and 2023 by removing the current sunset to permanently allow for audio-only modalities and reimbursement parity in Maryland.

Audio-only telehealth is critical to ensure that all Marylanders have access to care. The digital divide in Maryland between households with high-speed internet and corresponding devices with audio-visual capabilities is significant and cuts across traditional rural/urban lines. For urban and rural areas, audio-only health services may be the only modality a significant portion of their population can access. To restrict coverage and reimbursement for audio-only health services would essentially isolate these Marylanders from necessary health care, especially in the aftermath of a pandemic.

Commercial and public payers started to systematically reimburse telehealth services for the first time during the pandemic. This allows providers to sustainably deliver care. As virtual visits became the safest, and often only, form of health care delivery during the pandemic, providers rapidly scaled up technology (software and hardware), connectivity infrastructure, staffing, and IT support—in some cases purchasing devices for patients to use in their own homes. The original investment in and continued maintenance of those components will require adequate reimbursement if providers are to continue those services. Moreover, failing to continue reimbursement parity creates a disincentive for providers to continue offering their expertise via telehealth—meaning patients will again have to travel, find childcare, and/or take precious time off from work to meet all their health care needs. It would be a severe disservice to Marylanders to indirectly dissuade telehealth use by paying providers less for a vital, valuable, and equivalent service.

We have all seen first-hand what health care and policy experts know—telehealth broadens access to care, improves patient outcomes and satisfaction, and helps address health inequities. Quite simply, telehealth works for Marylanders.

MHA supported the Preserve Telehealth Access Act of 2021 and 2023. This critical legislation lowered barriers to deliver safe, reliable care via telehealth to meet patients where they are by permanently removing originating and distant site restrictions and expanding remote patient

monitoring (RPM) coverage for Medicaid participants. The 2021 law also allowed appropriate health care services to be delivered via audio-only modalities (i.e., a traditional phone call) and reimbursement parity between services delivered in-person and those delivered via telehealth. These flexibilities were slated to sunset June 30, 2025.

Patients continue to use telehealth services—including audio-only—at higher levels than before COVID-19. That is why reimposing barriers to telehealth, such as allowing these flexibilities to sunset, will not be a return to normal. It would be an undeniable step backward for Maryland's commitment to furthering health care access and addressing widespread health inequities.

For these reasons, we request a favorable report on SB 372.

For more information, please contact:
Jake Whitaker, Assistant Vice President, Government Affairs & Policy
Jwhitaker@mhaonline.org

SB 372 AARP testimony on Preserve Telehealth Acces

Uploaded by: James Gutman

Position: FAV

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facebook.com/aarpmd

SB 372 Preserve Telehealth Access Act of 2025
Senate Finance Committee
February 5th, 2025

Good afternoon, Chair Beidle and members of the Senate Finance Committee. My name is Jim Gutman, a resident of Columbia, Maryland, and the lead health care advocacy volunteer for AARP Maryland, which represents 850,000 members aged 50 and older. I also served on the Maryland Health Care Commission's telehealth policy workgroup in recent years and have been a SHIP volunteer counselor in Maryland for nine years. I am here today on behalf of AARP Maryland to express our strong support for SB 372, the Preserve Telehealth Access Act of 2025, introduced by five senators, including Chair Beidle.

One of the few positive outcomes of the COVID-19 pandemic was the recognition of telehealth as a critical tool for ensuring high-quality healthcare for all Marylanders. Telehealth has been especially vital for older adults, who often face financial and mobility challenges that hinder timely access to in-person healthcare services. For many of these Marylanders, telehealth has been nothing short of a lifesaver. However, key provisions of the state's landmark Preserve Telehealth Access Act of 2021 and its 2023 extension are set to expire on June 30 unless the General Assembly acts to preserve them.

SB 372 would provide this permanence. It includes essential provisions, such as requiring reimbursement for telehealth services — whether delivered via video or phone — to be on par with in-person services. This parity applies to both Maryland's Medicaid program and commercial health insurance in the state.

The bill also includes necessary safeguards to ensure that reimbursed telehealth services remain clinically appropriate. For example, telehealth is defined in a way that generally excludes communication via email and fax. The legislation emphasizes that telehealth must be used only when it aligns with the patient's medical needs and preferences. It does not mandate reimbursement for non-covered services or care provided by out-of-network providers, except in certain cases.

Critically, SB 372 mandates that insurers offering coverage for behavioral health services provided in person cannot deny coverage simply because those services are delivered via telehealth. This is particularly significant given the ongoing demand for behavioral health services, especially among older Marylanders, and the shortage of accessible and affordable providers. Telehealth bridges this gap by enabling timely access to care, especially for those who lack broadband access and rely on phone-based services.

For all these reasons, AARP Maryland strongly supports SB 372. We respectfully urge the committee to issue a favorable report. Should you have any questions or require additional information, please contact Tammy Bresnahan at tbresnahan@aarp.org or 410-302-8451.

SB372 2025 NAPNAP .pdf
Uploaded by: JD Murphy
Position: FAV

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

2/1/2025

Maryland Senate
Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our **support of SB 372 Preserve Telehealth Access Act of 2025.**

This bill is a significant step toward making healthcare more accessible by removing existing limitations on audio-only telephone consultations under the definition of "telehealth." By repealing these restrictions, the legislation ensures that vital healthcare services are available to individuals who may not have access to video conferencing technology or who prefer the simplicity of a phone call. This change is especially important for:

- Rural Communities: Where internet connectivity can be unreliable, making video consultations challenging.
- Elderly Population: Many seniors are more comfortable with traditional phone calls rather than navigating complex video platforms.
- Low-Income Families: Not everyone has the means to afford the latest tech required for video calls.

This legislation also mandates that the Maryland Medical Assistance Program and various insurers provide reimbursement for healthcare services delivered through telehealth without unnecessary limitations. This not only supports patients but also encourages healthcare providers to offer flexible care options. By supporting this bill, you're advocating for a more inclusive healthcare system that recognizes and adapts to the diverse needs of our community. It's about ensuring that no one is left behind due to technological barriers. Supporting this legislation is essential in breaking down barriers to healthcare access and making a tangible difference in the lives of Maryland residents.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **SB 372 Preserve Telehealth Access Act of 2025 and requests a favorable report.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter President, Yvette Laboy at mdchesnapnapleg@outlook.com.

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

Sincerely,

Yvette Laboy

Dr. Yvette Laboy DNP, CPNP-AC, CCRN, CPN
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogordova

Dr. Evgenia Ogorodova DNP, CPNP-PC
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Co-Chair

Ms. Lindsay Ward MSN, CPNP-PC, IBCLC
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Immediate Past-President

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Co-Chair

APTA MD 2025 Testimony - Support - Senate Bill 372

Uploaded by: JD Sheppard

Position: FAV

APTA Maryland

Our Vision
Transforming the diverse communities in Maryland to advance health and wellness by optimizing movement and function across the lifespan.

January 30, 2025

The Honorable Pam Beidle, Chair
Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 372 – Preserve Telehealth Access Act of 2025
Position: SUPPORT

Dear Chair Beidle,

The American Physical Therapy Association Maryland is writing to register our strong support of Senate Bill 372. This bill will repeal the limitation on the period during which the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations are required to provide reimbursement for certain health care services provided through telehealth. Specifically retaining the payment parity provisions and the use of audio-only technology. In all instances with telehealth, it is important to allow providers and patients to determine what is best and appropriate to be delivered via telehealth.

Telehealth and Implications for Physical Therapy Practice

The COVID-19 pandemic forced health care providers and payers to reconsider how care is delivered in order to reduce the risk of further spreading infection. Access to telehealth has become of paramount importance to ensure the safety of patients and their physical therapy providers. States and many private payers have created telehealth policies that have ensured access to the health care, including physical therapy, that patients need.

While telehealth played a crucial role in providing needed care during the pandemic, it has become increasingly clear that its many benefits can be utilized well beyond. For patients who have difficulty leaving their homes without assistance, have underlying health conditions, lack transportation, or need to travel long distances, the ability to access physical therapy via telehealth greatly reduces the burden on the patient and family when accessing care.

Telehealth is particularly well-suited for physical therapy, especially when used as an enhancement to services rather than exclusively as a replacement. Education and home exercise programs, including those focused on falls prevention, function particularly well with telehealth because the physical therapist is able to evaluate and treat the patient within the real-life context of their home environment, which is not easily replicable in the clinic. Patient and

caregiver self-efficacy are inherent goals of care provided by physical therapists. A patient's and/or caregiver's ability to interact in their own environment with a therapist when they are facing a challenge, rather than waiting for the next appointment, can be invaluable in supporting the adoption of effective strategies to improve function, enhance safety, and promote engagement.

Payment Parity

Payment parity for telehealth is critical, for several reasons. First, most of the cost of a service is attributed to the work relative value unit (RVU) of the Current Procedural Terminology (CPT®) code. Accordingly, the work RVU does not change when care is delivered via telehealth. Second, the practice expense may actually be higher when providing care via telehealth. Although a provider may offer some services via telecommunications technology, they most likely also are continuing to provide in-person care in an office. Delivering care via telecommunications technology requires an ongoing investment in technology, IT support, HIPAA-compliant telehealth platforms, and more. Accordingly, the practice expense for telehealth is higher in many instances. Third, liability and malpractice risks are similar to those for in- person services — and may even incur additional costs. For instance, some liability insurers will require providers to purchase a supplemental telehealth insurance policy.

APTA Maryland supports legislation or regulations that would PERMANENTLY allow all physical therapy providers to use telehealth as well as require coverage and reimbursement under Medicaid, Worker's Compensation, and commercial plans to the same extent as for physical therapist services furnished in- person.

For the reasons noted above we ask for a favorable report on Senate Bill 372.

Sincerely,

Roy Film

Roy Film, PT, DPT, MPT
President, APTA Maryland

2025 MCHS SB 372 Senate Side.pdf
Uploaded by: Jennifer Navabi
Position: FAV

Maryland Community Health System

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 372 – Preserve Telehealth Access Act of 2025**

Hearing Date: **February 4, 2025**

Position: **Support**

The Maryland Community Health System strongly supports *Senate Bill 372 – Preserve Telehealth Access Act of 2025.* The legislation makes two provisions of telehealth reimbursement flexibility permanent: 1) reimbursement parity; and 2) audio-only reimbursement.

Maryland Community Health System is a network of federally qualified health centers providing primary, behavioral, and dental care to underserved communities throughout Maryland. Telehealth services are essential to engaging our patients in managing their care, particularly for chronic conditions such as hypertension and behavioral health care issues.

Reimbursement parity is critical. To meet the needs of their patients, most healthcare providers offer telehealth services as a complement to in-person services. Hybrid providers, including federally qualified health centers, must maintain two systems of delivering care – bricks and mortar sites and telehealth platforms. Reimbursement parity is essential for maintaining the infrastructure needed for in-person and telehealth services.

Audio-only services are critical in engaging patients who cannot access audio-video platforms.[i] Audio-only services support care management for older adults, people with disabilities, residents of rural communities, and people who cannon afford broadband access.

We ask for a favorable report with this amendment. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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[i] https://www.sciencedirect.com/science/article/pii/S2667321522000166

SB372 - Feb25 - Preserve Telehealth Access Act of

Uploaded by: Judith Gallant

Position: FAV

Greater Washington Society for Clinical Social Work

TO: The Honorable Pamela Beidle, Chair
The Honorable Antonio Hayes, Vice-Chair
Members, Senate Finance Committee

FROM: Judith Gallant, LCSW-C, Director, GWSCSW Legislation and Advocacy

DATE: February 3, 2025

RE: **SUPPORT**– Senate Bill 372 – *Preserve Telehealth Access Act of 2025*

I thank Madame Chair Beidle, Vice-Chair Hayes, and the Finance Committee members for the opportunity to share our strong support for Senate Bill 372. I am Judith Gallant, the Director of the Legislation and Advocacy Branch of the Greater Washington Society for Clinical Social Work (GWSCSW). The Society includes clinical social workers practicing in the three jurisdictions of the DMV, with 50 percent of our membership licensed and living in Maryland.

Senate Bill 372 would repeal the limitation on the period during which certain audio-only telephone conversations are included under the definition of "telehealth" for the purpose of certain provisions of law relating to reimbursement and coverage of telehealth from the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans and health maintenance organizations. It would also repeal the limitation on the period during which the Program and certain insurers, nonprofit health service plans, and health maintenance organizations are required to provide reimbursement for certain health care services provided through telehealth at the same rate as in-person sessions.

Telemental health, including audio-only sessions, was implemented in March, 2020, due to the pandemic. It has been found by both therapists and patients to be an effective and efficient way of providing needed mental health care. The prevalence of mental health conditions increased 20-40% into 2024 and show no signs of being lowered to pre-pandemic levels. Telehealth, including audio-only sessions, are crucial to providing mental health services to isolated adults who may have limitations on their ability to travel for healthcare, the bandwidth provided in order to receive these services, or their limited income or technical ability to navigate the interface to use these services. In these instances, audio-only sessions provides a life-line that is crucial for many of our seniors and others with limited ability to access audio-visual sessions for their care

GWSCSW believes it is crucially important to continue to allow these services to continue without interruption or restrictions on a therapist's income and firmly supports Senate Bill 372. We know this committee has great concern for the mental health of Marylanders, and hope that you will provide a favorable report.

For more information call 410-244-7000:
Christine K. Krone
Pamela Metz Kasemeyer
Danna L. Kauffman

NASW-Maryland - 2025 SB 372 FAV - Preserve Telehea

Uploaded by: Karessa Proctor

Position: FAV

5750 Executive Drive, Suite 100, Baltimore, MD 21228
410.788.1066 » nasw-md.org

NASW MARYLAND CHAPTER
National Association of Social Workers

Testimony Before the Senate Finance Committee
February 5, 2025

Senate Bill 372 – Preserve Telehealth Act of 2025

**** Support ****

The National Association of Social Workers is the largest professional association of social workers in the country, and the Maryland Chapter represents social workers across the state. We support Senate Bill 372 and urge you to vote in favor of authorizing continued reimbursement for telehealth access by way of permanent inclusion of audio-only telephone conversations as a reimbursed healthcare service.

This bill touches on a significant equity issue. Providers experience clients who have malfunctions that require audio-only psychotherapy sessions because problems with their computer microphone or camera, or their internet is spotty or goes down. Many clients do not have regular access to the technology needed for audio-visual telehealth, while others may be older and not inclined to use it.

Requirements for in-person visits, especially for mental health and substance use disorder services, create unnecessary barriers and risks to patients. Transportation to and from appointments can be challenging for people who live in areas without access to public transportation, and people who are older and have disabilities whose disability transit is unreliable. Audio sessions can avoid risks and overcome challenges that allow patients to get the treatment they need.

Clients who use audio-only sessions express that audio-only delivered psychotherapy as a healthcare service has been an effective and stabilizing modality for them and they appreciate having it. In many cases, clients would not be able to receive psychotherapy to stabilize mental health without having access audio only sessions.

For these and many other reasons, we ask that you give a favorable report on Senate Bill 372.

Respectfully,

Karessa Proctor, BSW, MSW
Executive Director, NASW-MD

MD Addiction Directors Council - 2025 SB 372 FAV -
Uploaded by: Kim Wireman
Position: FAV

Maryland Addiction Directors Council

Senate Finance Committee

February 5, 2025

Senate Bill 372 - Preserve Telehealth Access Act of 2025

Support

Maryland Addictions Directors Council (MADC) represents outpatient and residential substance use disorder and dual recovery treatment across the State of Maryland. Our members provide over 1,800 treatment beds across Maryland and provide treatment on the front lines of the opioid epidemic.

MADC stronly supports the Preserve Telehealth Access Act of 2025. The Maryland Health Care Commission (MHCC)'s 2024 telehealth report recommends continuing to allow use of telehealth. Among several reasons cited, the MHCC report notes that telehealth has achieved acceptance across somatic and behavioral health settings while expanded use of telehealth has created new opportunities for some underserved communities to access somatic and behavioral healthcare. The MHCC report also recommends continued unrestricted use of audio-only behavioral health telehealth services and continued payment parity for behavioral health and somatic care delivered using audiovisual and audio-only technologies.

MADC providers see firsthand the increased access to behavioral healthcare treatment using telehealth to deliver outpatient services flexibly to clients. MADC strongly supports SB 372 Preserve Telehealth Access Act of 2025.

MD Addiction Directors Council - SB 372 FAV Preser

Uploaded by: Kim Wireman

Position: FAV

Maryland Addiction Directors Council

Senate Finance Committee

February 4, 2025

Written Testimony in Support of

SB 372 (2025)

Preserve Telehealth Access Act of 2025

Maryland Addictions Directors Council (MADC) represents outpatient and residential SUD and dual recovery treatment across the State of Maryland. Our members provide over 1,800 treatment beds across Maryland and provide treatment on the front lines of the Opioid Epidemic.

MADC supports the Preserve Telehealth Access Act of 2025. The Maryland Health Care Commission (MHCC) 2024 telehealth report recommends continuing to allow use of telehealth. Among several reasons cited, the MHCC report notes that telehealth has achieved acceptance across somatic and behavioral health settings while expanded use of telehealth has created new opportunities for some underserved communities to access somatic and behavioral healthcare. The MHCC report also recommends continued unrestricted use of audio-only behavioral health telehealth services and continued payment parity for behavioral health and somatic care delivered using audiovisual and audio-only technologies.

MADC providers see firsthand the increased access to behavioral healthcare treatment using telehealth to deliver outpatient services flexibly to clients. MADC strongly supports SB 372 Preserve Telehealth Access Act of 2025.

Thank you for the opportunity to offer written testimony. Maryland Addictions Directors Council strongly supports SB 379.

SB 372 Preserve Telehealth Act of 2025 - 2-5-25 Me
Uploaded by: Kimberly Routson
Position: FAV

MedStar Health

9 State Circle, Ste. 303
Annapolis, MD 21401
C 410-916-7817
kimberly.routson@medstar.net

Kimberly S. Routson
Assistant Vice President, Government Affairs - Maryland

SB 372 – Preserve Telehealth Access Act of 2025

Position: ***Support***
Senate Finance Committee
February 5, 2025

MedStar Health is the largest healthcare provider in Maryland and the Washington, D.C. region. MedStar Health offers a comprehensive spectrum of clinical services through over 300 care locations, including 10 hospitals, 33 urgent care clinics, ambulatory care centers, and an extensive array of primary and specialty care providers. We are also home to the MedStar Health Research Institute and a comprehensive scope of health-related organizations all recognized regionally and nationally for excellence. MedStar Health has one of the largest graduate medical education programs in the country, training 1,150 medical residents annually, and is the medical education and clinical partner of Georgetown University. As a not-for-profit healthcare system, MedStar Health is committed to its patient-first philosophy, emphasizing care, compassion, and clinical excellence, supported by a dedicated team of over 32,000 physicians, nurses and many other clinical and non-clinical associates.

SB 372 makes permanent several policy changes put in place during the COVID-19 pandemic to remove barriers to telehealth. The legislation allows telehealth services via audio-only modalities and requires reimbursement parity for telehealth and in-person services. These provisions under the current law are set to expire on June 30, 2025. Similar legislation passed in 2023 also directed the Maryland Health Care Commission (MHCC) to study and make recommendations on the impact of these temporary changes to telehealth. In October 2024, MHCC submitted its final telehealth report to the General Assembly. The report recommendations align with the provisions included in SB 372.

The critical flexibilities relating to telehealth put in place during the pandemic have been essential in allowing health care providers to respond swiftly to an urgent need to improve access to care by expanding eligible telehealth services, patients, and care sites. MedStar Health has experienced a rapid transformation, with telehealth now normalized into how we treat patients in the region. Our experience points to a significant reduction in no-show and cancellation rates and very high patient satisfaction. While the majority of MedStar's telehealth encounters do occur over video, older patients and those without access to internet have benefited tremendously from the ability for audio-only telehealth sessions, where clinically appropriate.

Without intervention, the telehealth flexibilities put in place during the pandemic that allowed for this evolution in care delivery will sunset later this year. The experience over the last several years demonstrates that telehealth is an important and viable patient-centered tool to expand access, provide care more efficiently, and address issues of health equity and disparities across our state.

For the reasons above, MedStar Health urges a ***favorable*** report on **SB 372**.

Kristy Fogle Oral Testimony_SB372.pdf
Uploaded by: Kristy Fogle
Position: FAV

LIFEBRIDGE HEALTH®

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.

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:
Kristy Fogle, MMS, PA-C
LifeBridge Health – Center for Virtual Care
kfogle@lifebridgehealth.org

Jennifer Witten, M.B.A.
Vice President, Government Relations & Community Development
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Mobile: 505-688-3495

ACSCAN_FAV_SB372.pdf
Uploaded by: Lance Kilpatrick
Position: FAV

Memorandum In Support of SB 372 – Senator Beidle

Senate Finance Committee

February 5, 2025

American Cancer Society Cancer Action Network is the nonprofit nonpartisan advocacy affiliate of the American Cancer Society. ACS CAN empowers cancer patients, survivors, their families and other experts on the disease, amplifying their voices and public policy matters that are relevant to the cancer community at all levels of government. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. On behalf of our constituents, many of whom have been personally affected by cancer, we stand in strong support of SB 372.

Thanks to technology, there are a significant number of clinical services that can be conducted through telehealth. Telehealth enables doctors and other healthcare practitioners to provide clinical services from a distance through various forms of technology such as audio-visual communications technologies and devices that transmit data and images for remote monitoring and diagnostic evaluation. Telehealth provides cancer patients and survivors with a convenient means of accessing both cancer care and primary care – a particularly important option for individuals in rural areas of the country and the immunocompromised.

A particular benefit of telehealth emerged during the coronavirus pandemic - cancer patients vulnerable to COVID-19 could conduct a video or audio visit with their providers from the safety of their home without risking additional exposure to the virus. The pandemic has demonstrated the importance of adaptable policies around telehealth that allow patients to reap the optimal benefits of telehealth.

ACS CAN, through the Survivor Views program, asked a cohort of cancer patients and survivors about their experience with and interest in telehealth. Overwhelming majorities of cancer patients and survivors who have had telehealth visits believed their issues and questions were well-addressed. Fifty-five percent of respondents had a phone visit and 43% had a video visit with a telehealth provider about an issue related to their cancer care that otherwise would have been an in-person office visit (not a prescription refill or appointment booking). In both cases, 94% said their issues and questions were addressed well.

SB 372 acknowledges the positives that have accrued through the development of telehealth services by repealing the time limitation established for reimbursement by payors. ACS CAN thanks the Chair and committee for the opportunity to testify and urges a favorable report of SB 372.

Lance Kilpatrick, Government Relations Dir. | lance.kilpatrick@cancer.org | fightcancer.org | 410-547-2143

Health Care for the Homeless - SB 372 FAV - Preser
Uploaded by: Laura Garcia
Position: FAV

HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 372 - Preserve Telehealth Access Act of 2025

Senate Finance Committee
February 5, 2025

Health Care for the Homeless strongly supports SB 372, which would remove the sunset limitation on the expanded access to telehealth that has existed since the public health emergency during the pandemic and continuing with the passage of the Preserve Telehealth Health Access Act of 2021.

Telehealth has immensely increased access to care for people experiencing homeless. While this increased access occurred during the public health emergency, the benefits are so concrete that we strongly believe increasing access to telehealth permanently is critical. Make no mistake: the ability to provide phone-only services to our clients is lifesaving. While we support the bill in its entirety, we would like to focus our testimony on one of the most vital aspects of the bill: maintaining access to audio-only services.

Contrary to prior belief, telehealth, particularly audio-only telehealth, works well for people experiencing homelessness. With the benefit of having had a number of years of access to telehealth, we have found that with our clients, phones are ubiquitous and inexpensive. Conversely, high speed internet access and video screens are exceedingly inaccessible. Allowing patients to receive services via audio-only telephones can make up for the lack of broadband access in many parts of the State and the lack of affordable internet and computer technology among lower-income families.

According to Health Care for the Homeless Chief Medical Officer, Laura Garcia, CRNP:

> *Food insecurity, lack of reliable transportation, unemployment, no childcare, and concern about personal safety, results in many competing priorities and ultimately barriers to accessing care. This only underscores the importance of a flexible and inclusive approach to healthcare. My patients often do not have access to the internet or data services through their mobile phones, but they are able to maintain phone services. By offering audio-only telehealth services, we can provide care that accommodates these challenging circumstances. This approach not only helps address immediate health needs but also builds trust and continuity of care within these vulnerable communities.*

In other words, phone-only telehealth is the only type of telehealth accessible to the vast majority of our clients. If the ability to conduct phone-only visits goes away, so will our ability to provide the full level of lifesaving telehealth care to many of our clients.

We urge a favorable report on Senate Bill 372.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health

For more information please contact Ann Ciekot at aciekot@policypartners.net or at 410-207-3189.

services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 11,000 Marylanders annually at centers in Baltimore City and Baltimore County.
Our Vision: Everyone is healthy and has a safe home in a just and respectful community.
Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.
For more information, visit www.hchmd.org.

MDAC Testimony SB372 - 2025 - telehealth.pdf
Uploaded by: Liz Zogby
Position: FAV

MARYLAND DOWN SYNDROME
ADVOCACY COALITION

SB373: Preserve Telehealth Access Act of 2025
February 5, 2025
Position: Support

The Maryland Down Syndrome Advocacy Coalition (MDAC) is a coalition of the five Down syndrome organizations in Maryland as well as individuals with Down syndrome and their family members who have come together to advocate for improved quality of life for all individuals with Down syndrome throughout the state of Maryland. MDAC works in coalition with other disability and advocacy organizations across the state and supports many legislative and policy efforts.

MDAC supports SB373 which would repeal the current time limitation on certain telehealth services. This bill is important to our community because it would protect equitable access to telehealth services for individuals with Down syndrome and other medically complex conditions by maintaining the current reimbursement requirements under the Maryland Medical Assistance Program and private insurers. Repealing these protections would create significant hardship for families who rely on telehealth to manage the specialized and often intensive healthcare needs of their children or loved ones with disabilities.

Many individuals with Down syndrome have co-occurring medical conditions such as congenital heart defects, respiratory issues, sleep apnea, epilepsy, autoimmune disorders, and developmental disabilities that require ongoing care from multiple specialists. Telehealth has been a critical lifeline in reducing barriers to this care, allowing families to avoid the logistical and financial burdens of frequent travel, long wait times, and disruptions to both school and work schedules—challenges that feel insurmountable for families simply trying to juggle day-to-day life while caring for a medically complex child or loved one. If reimbursement rates were no longer standardized and guaranteed, providers may limit or discontinue virtual services, forcing families to navigate an already strained healthcare system with fewer options.

Many families were recently informed that, effective February 1, 2025, they will lose the option to see specialists virtually through Kennedy Krieger Institute (KKI), a medical facility that many families in our Down syndrome community rely heavily upon. KKI has many specialists that are able to offer ongoing care without ever needing to lay hands on their patients, e.g., medication management, therapy, neuropsychiatry, genetic counseling, etc.

The decision to eliminate telehealth would disproportionately impact low-income, rural, and working families who rely on telehealth to access essential medical services. Without consistent

access to telehealth, preventable complications would also increase, leading to more frequent emergency room visits, hospitalizations, and poorer health outcomes.

For these reasons, MDAC strongly supports SB372 and urges you to uphold these vital protections and ensure that all Maryland families continue to receive the high-quality, accessible health care that they deserve. Thank you for your consideration of this critical issue.

Respectfully submitted,

Liz Zogby and Lauren Ochalek
Co-Chairs, Maryland Down Syndrome Advocacy Coalition

SB372-Telehealth.pdf
Uploaded by: Loraine Arikat
Position: FAV

Testimony for SB 372

Preserve Telehealth Access Act of 2025

Position: Favorable

Dear Chair Beidle and members of the Senate Finance Committee:

My name is Ricarra Jones, and I am the Political Director with 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the nation, with 10,000 members in Maryland and Washington, DC.

1199SEIU supports SB 372, which will ensure telehealth services continue to be covered, and their costs reimbursed, under the Maryland Medical Assistance Program and insurers. 1199SEIU represents healthcare workers across clinics and hospitals who provide telehealth services to clients who rely on them for medical consultation, treatment, and access to life-saving medication.

The availability of telehealth services is particularly crucial for individuals living in remote areas, those with mobility issues, and people who might face barriers to in-person visits. Making healthcare more convenient and accessible will also have a positive impact on health outcomes by allowing individuals to seek care in a timely fashion and will help consumers to save money by reducing unnecessary travel. 1199 SEIU urges a favorable report on SB 372.

Sincerely,

Ricarra Jones
Political Director
1199 SEIU United Healthcare Workers East
Ricarra.jones@1199.org

SB372 Testimony .pdf
Uploaded by: Madelin Martinez
Position: FAV

CATHOLIC CHARITIES | CHERISHING THE DIVINE WITHIN ALL

SB372
Preserve Telehealth Access Act of 2025
Finance Committee
February 5, 2025
Support

Catholic Charities of Baltimore supports Senate Bill 372, which would make telehealth services, including audio-only phone calls, permanently eligible for reimbursement at the same rate as in-person visits.

For over a century, Catholic Charities has provided care and services to improve the lives of Marylanders in need. We support Marylanders as they age with dignity, pursue employment and career advancement, heal from trauma and addiction, achieve economic independence, prepare for educational success, and welcome immigrant neighbors into Maryland communities.

As the second-largest provider of behavioral health services in Maryland, Catholic Charities offers a broad range of mental and behavioral health services for children, adults, and families. Through our programs, we provide mental health screenings, counseling, therapy, psychiatric rehabilitation, substance use disorder treatment, medication management, and telehealth services. From January 2024 to December 2024, our Villa Maria Behavioral Health outpatient clinics conducted a total of 55,472 telehealth sessions for 4,329 clients. These sessions included therapy, psychiatric services, and psychiatric rehabilitation (PRP). Of these, approximately 6,000 sessions were conducted via audio-only (telephone) communication, with the remaining sessions utilizing video platforms. Audio-only sessions are critical for clients who cannot attend in person and lack reliable internet access.

Access to telehealth significantly expands the availability of services. Many of our clients rely on a hybrid model that combines in-person and telehealth services. Without this flexibility, individuals facing transportation barriers, complex work schedules, childcare responsibilities, physical disabilities, or other challenges would be unable to engage in care. This would lead to higher rates of missed appointments, undermining the effectiveness of treatment, or in many cases, prevent them from seeking care altogether. Telehealth also allows parents of children engaged in school-based services to participate in therapy from any location, eliminating the need to take time off work or arrange alternative childcare.

Behavioral health is just as important as overall medical health, and services addressing health needs should be reimbursed equally, regardless of whether they are delivered in-person or via telehealth. **For these reasons, Catholic Charities of Baltimore urges the committee to issue a favorable report for SB372.**

Submitted By: Madelin Martinez, Assistant Director of Advocacy

Support for SB 372.pdf
Uploaded by: Malinda Duke
Position: FAV

NURSE PRACTITIONER
Association of Maryland

"Advocating for Nurse Practitioners since 1992"

February 3, 2025

Bill: SB 372 Preserve Telehealth Access Act of 2025

Position: **Support**

Dear Chair Beidle, Vice Chair Hayes, and members of the committee:

On behalf of the over 850 members of the Nurse Practitioner Association of Maryland, please allow me to submit our rationale for support of SB 372:

Benefits of SB372:

1. Convenience and accessibility: By allowing telehealth services, including audio-only consultations, patients can address minor health concerns or follow-up needs without the inconvenience of traveling to an office. This is especially beneficial for:

-individuals with mobility issues or short-term incapacitations
-working professionals who cannot afford to take time off
- caregivers or parents balancing multiple responsibilities

2. Timely care delivery: Telehealth reduces wait times and improves access to care by offering more flexible scheduling. It enables patients to address health concerns often earlier than waiting for an office appointment, potentially addressing a health concern in a more timely manner and preventing a potential complication from delay of care.

3. Support for vulnerable populations: Audio-only telehealth ensures that patients without access to high-speed internet, video technology, or a stable environment for video calls can still receive care. This includes rural populations, elderly patients, or those with financial constraints.

4. Cost savings and efficiency: - Telehealth reduces patient expenses related to travel, childcare, and lost wages. It streamlines administrative workflows, minimizes missed appointments, and optimizes clinic resources.

5. Continuity of care: Maintaining access to telehealth ensures that patients can stay connected to their providers, even during short-term disabilities, transportation challenges, or public health emergencies.

Thank you for consideration of our comments. We respectfully request a favorable report for SB 372.

If you have any questions, please do not hesitate to contact our association via NPAM Executive Director, Malinda Duke, at NPAMexecdir@gmail.com.

Malinda D. Duke CRNP-PC

Malinda D. Duke MS, CRNP-PC, CDCES
Executive Director
Nurse Practitioner Association of Maryland
Office: 443-367-0277
Fax: 410-772-7915
NPAMexecdir@gmail.com

[MD] SB 372_Telehealth_TechNet Favorable.pdf
Uploaded by: margaret durkin
Position: FAV

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www.technet.org | @TechNetMidAtla1

February 3, 2025

The Honorable Pam Beidle
Chair
Senate Finance Committee
Maryland Senate
3 East Miller Senate Office Building
11 Bladen Street, Annapolis, MD 21401

RE: 372 (Beidle) - Preserve Telehealth Access Act of 2025 – Favorable

Dear Chair Beidle and Members of the Committee,

On behalf of TechNet, I'm writing to provide remarks on SB 372, the *Preserve Telehealth Access Act of 2025*.

TechNet is the national, bipartisan network of technology CEOs and senior executives that promotes the growth of the innovation economy by advocating a targeted policy agenda at the federal and 50-state level. TechNet's diverse membership includes dynamic American businesses ranging from startups to the most iconic companies on the planet and represents over 4.5 million employees and countless customers in the fields of information technology, artificial intelligence, e-commerce, the sharing and gig economies, advanced energy, transportation, cybersecurity, venture capital, and finance. TechNet has offices in Austin, Boston, Chicago, Denver, Harrisburg, Olympia, Sacramento, Silicon Valley, Tallahassee, and Washington, D.C.

TechNet is pleased to support SB 372. Telehealth is fundamentally altering how patients experience care. New telecommunications technologies allow healthcare professionals to provide patients with medical care and services in convenient, affordable, and accessible ways, and enable healthcare providers to deliver and coordinate healthcare safely and at a high quality. We support statutes that affirmatively enable the use of technology to treat patients remotely and ensure that the clinician-patient relationship can be established using technology. We believe that telehealth statutes should be technology-neutral and enable innovation, including allowing the use of both synchronous and asynchronous technologies.

TechNet is supportive of efforts to modernize legal frameworks that aim to sensibly regulate novel products and services if they seek to encourage, enable, and advance American leadership in innovation. We support the underlying and future innovation inherent in the product or service and believe that preserving telehealth

access is vital to preserving healthcare access for Marylanders. Thank you for your work on this important issue.

Sincerely,

Margaret Durkin

Margaret Durkin
TechNet Executive Director, Pennsylvania & the Mid-Atlantic

SB372signed.pdf
Uploaded by: Megan Kniffen
Position: FAV

Venus Counseling

2512 Chelmsford Drive, Crofton, Maryland 21114
Phone: 301-241-8069
Fax: 301-851-0920
megan@venuscounseling.com

TO: Sen. Pamela Beidle and honorable committee members
FROM: Megan M. Kniffen, LCSW-C

DATE: February 3, 2025

RE: **SUPPORT** – Senate Bill 372 – Preserve Telehealth Access Act of 2025
Dear Madam Chair and distinguished members of the committee:

I sincerely thank you for considering my written statement supporting House Bill 372 on the Preserve Telehealth Access Act of 2025. I am Megan M. Kniffen, a Licensed Certified Social Worker-Clinical (LCSW-C) residing and practicing in Anne Arundel County, Maryland.

Preservation of Telehealth is significant for my practice and mental health clients as a whole. Telehealth has improved access to clients who have difficulty traveling to appointments and it helps alleviate inequities related to socioeconomic status, disability status, and other barriers. Many of my clients are Seniors who benefit from being seen in their own home due to the difficulty with transportation costs and access. Other clients benefit because the issues they are dealing with make it difficult or impossible to attend in person appointments.

Telehealth saves money for clients and providers and many are relying on this mode of attending appointments. Clients are able to have access to providers with the specialties they are looking for and it provides them with a larger pool of options.

I strongly urge you to support the preservation of telehealth, recognizing its impact on mental health service accessibility and continuity of care.

I appreciate your consideration in this matter.

Sincerely,

Megan M. Kniffen
Licensed Certified Social Worker-Clinical (LCSW-C)
Anne Arundel, Maryland

SB 372 - MHCC - FIN - LOS.pdf
Uploaded by: Meghan Lynch
Position: FAV

MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

2025 SESSION
POSITION PAPER

BILL NO: **SB 372**

COMMITTEE: **Senate Finance Committee**

POSITION: **Support**

TITLE: **Preserve Telehealth Access Act of 2025**

BILL ANALYSIS

SB 372 – Preserve Telehealth Access Act of 2025 repeals the limitations on the period during which audio-only services are included under the definition of telehealth for the purpose of certain provisions of law relating to reimbursement and coverage of telehealth by the Maryland Medical Assistance Program (Program) and certain insurers, nonprofit health service plans, and health maintenance organizations (private payers). The bill repeals the limitation on the period during which the Program and private payers are required to provide reimbursement for certain health care services provided through telehealth at a certain rate.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports SB 372, which builds upon the temporary waivers in Chapters 70 (HB 123) and 71 (SB 3) of the 2021 Laws of Maryland, as well as Chapter 382 (SB 534) of the 2023 Laws of Maryland. The COVID-19 public health emergency (PHE) demonstrated the utility of telehealth and its potential to address disparities in access to care. While telehealth utilization has decreased as the PHE has subsided, it remains higher than pre-PHE levels in Maryland and nationwide. Providers and carriers generally support maintaining the policy changes introduced through the telehealth waivers.

Nearly 42 states have laws mandating audiovisual and audio-only telehealth coverage parity.[1] Allowing the use of audio-only telehealth promotes broader access to mental health and substance use disorder treatments, especially for individuals without

[1] Approaches vary with some states requiring use of certain codes and requirements to deliver in-person services or use in-network providers, among other things. More information is available at: https://www.foley.com/wp-content/uploads/2024/04/50-State-Telemed-Report-2024.pdf.

audiovisual capabilities or those who prefer audio-only consultations.[2] It preserves patient choice in how they access care, potentially improving patient satisfaction. Many patients prefer audio-only due to privacy concerns or personal comfort. This modality is particularly effective for underserved and vulnerable populations that lack the technological resources, financial means, or broadband access required for audiovisual telehealth.

Payment parity eliminates financial disincentives and promotes equity by enabling providers to use the telehealth modalities that are most accessible to their patients. It helps reduce the stigma often associated with in-person behavioral health visits. Approximately 29 states require some form of telehealth payment parity for private payers. About 14 states have enacted payment parity for audiovisual and audio-only telehealth.[3] Providers regularly report that the complexity and duration of care are similar across modalities, with telehealth being just as resource-intensive as in-person visits.

The 2021 law required MHCC to study the impact of audiovisual and audio-only telehealth on somatic and behavioral health care, while the 2023 law mandated we examine and recommend improvements for delivering these services via audiovisual and audio-only telehealth, as well as payment parity. The final reports were submitted to the Senate Finance Committee and the House Health and Government Operations Committee in December 2022[4] and October 2024[5], respectively.

For the stated reasons above, we ask for a favorable report on SB 372.

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[2] For private payers in Maryland (as of 2023), about four percent of all telehealth services were delivered using audio-only; use of audio-only is higher in somatic care (9 percent) compared to behavioral health (less than 1 percent).

[3] Center for Connected Health Policy. Policy trend maps. More information is available at: www.cchpca.org/policy-trends/.

[4] The Preserve Telehealth Access Act of 2021 report and Technical Report of The Maryland Telehealth Study are available at: www.mhcc.maryland.gov/mhcc/pages/plr/plr/plr.aspx.

[5] The Preserve Telehealth Access Act of 2023 / Behavioral Health Care – Treatment and Access Act report, Data Supplement, Technical Report One, and Technical Report Two are available at: www.mhcc.maryland.gov/mhcc/pages/plr/plr/plr.aspx.

2025 MOTA SB 372 Senate Side.pdf
Uploaded by: Michael Paddy
Position: FAV

Maryland Occupational Therapy Association

PO Box 36401 ♦ Towson, Maryland 21286 ♦ motamembers.org

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 372**

Title: **Preserve Telehealth Access Act of 2025**

Hearing Date: **February 5, 2025**

Position: **Support**

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 372 – Preserve Telehealth Access Act of 2025.* The legislation makes two provisions of telehealth reimbursement flexibility permanent: 1) reimbursement parity; and 2) audio-only reimbursement.

MOTA has long supported efforts in Maryland to expand the delivery of occupational therapy services through telehealth. As occupational therapy services are often provided in a client's home and other community-based setting, the use of telehealth has obvious advantages. It accomplishes in a relatively brief interaction what would otherwise require hours of round-trip travel for the occupational therapist. This in turn reduces staff costs and affords access to services for a greater number of individuals.

Patient counseling on the use of durable medical equipment is an example of the use of telehealth in occupational therapy. Common equipment for seating and positioning, feeding, bathing, and toileting lend themselves to synchronous and asynchronous telehealth solutions through measurements and follow-up that can be conducted remotely. Continuing to eliminate Medicaid's originating site requirement that a patient be in a clinical health setting allows occupational therapists the ability to more closely utilize telehealth when providing services to a patient in their home and community.

In addition, being able to continue to provide services via audio-only means that individuals will have greater access to occupational therapist services. This is especially important as patients of all ages transition back home from a hospital or rehabilitation center and require assistance in home modifications and the use of durable medical equipment.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

SB372_RMC_SupportTestimony.pdf
Uploaded by: Molli Cole
Position: FAV

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Office: 410-841-5772 • Voice: 410-841-5761 • TTY: 800-735-2258
Email: rmc.mda@maryland.gov
Website: www.rural.maryland.gov

***Susan O'Neill**, Chair*

***Charlotte Davis**, Executive Director*

Testimony in Support of
Senate Bill 372 – Preserve Telehealth Access Act of 2025
Senate Finance Committee
February 5, 2025

The Rural Maryland Council supports Senate Bill 372 – Preserve Telehealth Access Act of 2025. This bill aims to remove the time limit on how long certain audio-only phone calls can be considered "telehealth." This change will apply to the Maryland Medical Assistance Program and several insurers, nonprofit health service plans, and health maintenance organizations regarding their coverage and reimbursement policies. It will also eliminate the requirement for these programs and entities to provide reimbursement for health care services delivered via telehealth within a specific timeframe and rate. This bill relates to the coverage and payment for health care services provided through telehealth.

Since the COVID-19 pandemic, rural areas have faced a significant shortage of healthcare workers, exacerbating existing challenges in accessing medical care. This shortage has highlighted the urgent need for telehealth services, which can offer vital healthcare support remotely. In many rural regions, residents struggle to obtain necessary medical attention due to long distances to healthcare facilities and a limited number of available practitioners, creating healthcare deserts. Telehealth can help bridge this gap by providing patients with easier access to consultations, follow-up care, and expert advice, thereby improving overall health outcomes in these underserved communities.

Implementing telehealth services in rural areas can significantly enhance access to healthcare by addressing common obstacles faced by patients. One major challenge is the difficulty of traveling long distances to receive specialty care, which often leads to delays in treatment and increased stress for patients. Telehealth can mitigate these issues by allowing patients to consult with healthcare providers remotely, thereby reducing the need for extensive travel. This approach not only saves time and transportation costs but also ensures that patients receive timely medical attention and follow-up care, improving overall health outcomes in underserved rural communities.

The Rural Maryland Council respectfully requests your favorable support of Senate Bill 372.

The Rural Maryland Council (RMC) is an independent state agency governed by a nonpartisan, 40-member board that consists of inclusive representation from the federal, state, regional, county, and municipal governments, as well as the for-profit and nonprofit sectors. We bring together federal, state, county, and municipal government officials as well as representatives of the for-profit and nonprofit sectors to identify challenges unique to rural communities and to craft public policy, programmatic or regulatory solutions.

NCADD-MD - 2025 SB 372 FAV - Preserve Telehealth -
Uploaded by: Nancy Rosen-Cohen
Position: FAV

Senate Finance Committee
February 5, 2025

Senate Bill 372
Preserve Telehealth Access Act of 2023
Support

NCADD-Maryland supports Senate Bill 372 – Preserve Telehealth Access Act of 2025. The past five years have taught providers and health care consumers a great deal about our health care system. One of the obvious lessons learned is that telehealth is a life-saving tool in the delivery of health care services, including substance use disorder and mental health treatment. The Maryland Health Care Commission has been studying the outcomes and their recommendations are strongly in favor of continuing current access to care through telehealth.

With the existence of a massive digital divide, the use of the telephone has been the only way tens of thousands of Marylanders have been able to access health care services. We must continue the use of telehealth, including audio-only technology. Surveys have also shown consumer satisfaction and efficacy.

With the two guiding principles that telehealth should be used when clinically appropriate, and when preferred by the consumer, the use of telehealth should continue permanently. We strongly urge a favorable report on Senate Bill 372.

CBH-FAV-HB372 - Preserve Telehealth Access Act of

Uploaded by: Nicole Graner

Position: FAV

COMMUNITY BEHAVIORAL HEALTH ASSOCIATION OF MARYLAND

Testimony on SB372
Preserve Telehealth Access Act of 2025
February 5, 2025
Senate Finance Committee
POSITION: SUPPORT

The Community Behavioral Health Association of Maryland (CBH) appreciates the opportunity to submit testimony in support of Senate Bill 372. CBH is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 87 members serve the majority of individuals accessing care through Maryland's public behavioral health system. These providers deliver vital outpatient and residential treatment, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention services to those in need.

SB372 will ensure that the telehealth services our members provide continue to be accessible, effective, and equitable for Maryland's most vulnerable populations. The ongoing behavioral health workforce crisis calls for creative, flexible, and practical solutions. Telehealth – both video and audio-only – has proven to be one of the most effective means of delivering care, and its continued use is essential in addressing Maryland's growing behavioral health challenges.

An October 2024 study conducted by the Maryland Health Care Commission (MHCC) on telehealth highlights that behavioral health care is one of the most frequently used modalities and is growing in its overall share of telehealth services.[1] Telehealth continues to be invaluable for individuals living with mental health and substance use disorders who would otherwise face barriers to care. For many, telehealth reduces the need for travel, provides access to care in underserved areas, and removes stigma that often delays or prevents treatment.

While video telehealth services are an important tool, we emphasize the need for continuing audio-only telehealth services. Many individuals in the public behavioral health system lack access to the technology or reliable internet service necessary for video-based services. Many are financially unable to purchase smartphones or data plans, and others live in rural areas where broadband access is inconsistent or unavailable. For these individuals, audio-only telehealth provides a lifeline, allowing them to receive essential services such as medication management and therapy that they would otherwise forgo. Without continued access to audio-only telehealth, these individuals would face difficulty accessing care, which would likely

[1] *Preserve Telehealth Access Act of 2023 Behavioral Health Care - Treatment and Access Report*, Maryland Health Care Commission, October 2024.

result in worsened outcomes and an increase in the need for more expensive interventions.

CBH strongly supports the continuation of rate parity between telehealth and in-person services. Telehealth services, whether delivered through video or audio-only modalities, require the same licensure and documentation standards as traditional, in-person services. In fact, telehealth enables providers to offer care to a broader range of individuals more efficiently, which is essential as Maryland continues to face a shortage of behavioral health professionals.

According to the *Investing in Maryland's Behavioral Health Workforce* report published by the MHCC in October 2024, Maryland currently has only 50% of the behavioral health professionals needed to meet demand,[2] and this shortage is projected to grow. Telehealth allows providers to make the most efficient use of limited human resources and helps meet the increasing demand for services. Forcing lower reimbursement rates for telehealth services would jeopardize the continued viability of telehealth in the behavioral health sector, forcing providers to reduce or eliminate this crucial service.

Telehealth has proven to be an effective and popular modality for both clients and providers in Maryland's behavioral health system. Providers have reported high levels of satisfaction with telehealth services, citing increased efficiency and reduced no-show rates. Clients have expressed appreciation for the flexibility that telehealth offers, particularly those who face challenges such as transportation difficulties, restrictive work schedules, and childcare issues.

Telehealth, in both video and audio-only formats, has fundamentally changed the delivery of behavioral health services in Maryland. It has increased access, reduced barriers to care, and allowed providers to better serve individuals with serious behavioral health needs. SB372 will ensure that telehealth remains an accessible, effective, and equitable option for Maryland's most vulnerable populations. We respectfully urge the Committee to give SB372 a favorable report.

For more infor*mation contact Nicole Graner, Director of Government Affairs and Public Policy, at 240-994-8113 or Nicole@MDCBH.org*

[2] *Investing In Maryland's Behavioral Health Workforce Report*, Maryland Health Care Commission, October 2024.

SB 372_Horizon Foundation_FAV.pdf
Uploaded by: Nikki Highsmith Vernick
Position: FAV

HORIZON FOUNDATION

February 5, 2025

COMMITTEE: Senate Finance Committee
BILL: SB 372 – Preserve Telehealth Access Act of 2025
POSITION: Support

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives.

The Foundation is pleased to support SB 372 – Preserve Telehealth Access Act of 2025. This bill would ensure that the state's Medicaid program and private insurers continue to provide reimbursement for telehealth services. It would also ensure that audio-only telephone conversation between a health care provider and a patient for health care services remains included in the state's definition of telehealth under law. Currently, those provisions are both set to expire on June 30, 2025.

Telehealth services have become an important component of our health care system and the ability for patients to access care. According to a 2024 report from the Maryland Health Care Commission, telehealth visits remain significantly higher than pre-pandemic levels and behavioral health visits are a top and growing use of telehealth services in our state.[i] The report also finds that telehealth options help to advance overall health equity, because patients from underserved communities can get care more easily where they may otherwise have to forgo needed care or travel long distances to see a doctor. It is critical that we preserve access to these options and ensure services are covered at the same rate as if a patient saw a provider in person.

The Horizon Foundation believes that all Marylanders deserve accessible and affordable health and mental health care. For this reason, the Foundation **SUPPORTS SB 372** and urges a **FAVORABLE** report.

Thank you for your consideration.

[i] Maryland Health Care Commission: https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/telehealth_rec_rpt_sum.pdf

The Horizon Foundation of Howard County, Inc.
10221 Wincopin Circle, Suite 200, Columbia, MD 21044 **P** 410.715.0311 **F** 410.715.2973 · info@thehorizonfoundation.org

CASA_FAV_SB0372.pdf
Uploaded by: Ninfa Amador-Hernandez
Position: FAV

Testimony in SUPPORT of SB0372
Preserve Telehealth Access Act of 2025

Senate Finance

February 5, 2025

Dear Honorable Chair Beidle, Vice Chair Hayes and Members of the Committee,

CASA strongly supports Senate Bill 372- Preserve Telehealth Access Act of 2025. CASA is a national powerhouse organization building power and improving the quality of life in working-class: Black, Latino/a/e, Afro-descendent, Indigenous, and Immigrant communities.

With a membership of over 173,000 members, CASA creates change with its power-building model blending human services, community organizing, and advocacy to serve the full spectrum of the needs, dreams, and aspirations of members. For nearly forty years, CASA has employed grassroots community organizing to bring our communities closer together and fight for justice, while simultaneously providing much-needed services, including navigation for health and human services.

Senate Bill 372, is essential in ensuring continued access to telehealth services for patients across our state who face barriers in receiving in person care. Over the past several years, telehealth has proven to be a vital tool in expanding healthcare access, particularly for individuals in rural areas, those with mobility challenges, and patients seeking mental health and substance use treatment.

CASA respectfully asks the committee to submit a favorable report on SB 372.

SB 372- LWVMD- FAV- Preserve Telehealth Access Act

Uploaded by: Nora Miller Smith

Position: FAV

LEAGUE OF WOMEN VOTERS® OF MARYLAND

TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB 372: Preserve Telehealth Access Act of 2025

POSITION: Support

BY: Linda Kohn, President

DATE: February 5, 2025

The League of Women Voters Maryland is a nonpartisan organization that works to influence public policy through education and advocacy. It believes every Maryland resident should have access to affordable, equitable, quality health care. However, that access can be limited by a resident's physical circumstances and geographic location. To achieve a more equitable distribution of services and delivery of care, the League endorses increasing the availability of resources in medically underserved areas. The League thus supports **SB 372: Preserve Telehealth Access Act of 2025**.

Due to the difficulty of accessing in-person health care, telehealth services developed during the Covid-19 pandemic expanded care options available to Marylanders. Preserving availability and reimbursement of these services will continue to reduce health care barriers. It would ensure that some of our most vulnerable populations, such as the elderly, disabled, and those without easy access to reliable transportation or child care, can nonetheless continue to get reliable medical care. For Maryland residents in rural areas, who often have limited access to specialist care, telehealth would enable them to receive the quality care they are entitled to.

Telehealth is also essential in bridging the gap between the increasing need for mental health and substance use services and their limited availability due to workforce shortages. Screening, evaluation, and treatment of behavioral health issues via telehealth can help to manage problems before they become crises. Telehealth, using technology to efficiently deliver healthcare over distance, is an important option to use to ensure that Marylanders get the health care they need.

The League of Women Voters Maryland, representing 1,500+ concerned members throughout Maryland, urges a favorable report on Senate Bill 372.

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SB372 Testimony.pdf
Uploaded by: Pamela Beidle
Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Chair, Finance Committee
Executive Nominations Committee

Joint Committee on Gaming Oversight
Joint Committee on Management of Public Funds
Spending Affordability Committee

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 5, 2025

SB372

Preserve Telehealth Access Act of 2025

Good afternoon, Vice Chair Hayes and Members of the Finance Committee;

Thank you for the opportunity to present SB 372, the Preserve Telehealth Access Act of 2025. SB 372 repeals the sunset on audio-only telephone conversations being included in the definition of "telehealth," for improved accessibility of telehealth services in the state.

This bill permanently includes audio-only telephone conversations as part of the definition of "telehealth," which will enshrine this committee's previous inclusion of audio-only telephone calls and prior renewal of that inclusion as law. Audio-only telephone conversations have been considered part of the state definition of "telehealth" since 2021, and that consideration was renewed and extended to June of this year during the 2023 legislative session.

Including audio-only telephone conversations in the definition of "telehealth" will preserve and expand access to vital mental health care for many individuals in Maryland, along with insurance coverage. Audio-only telephone calls are an accessible solution for patients who cannot receive in-person care, such as incarcerated persons, the elderly, disabled or impaired patients, and individuals who live in care deserts where options for treatment are limited. In addition to being a private and convenient option for care, audio-only telephone calls make telehealth services available to patients who face technology or connectivity barriers.

Continuing to consider audio-only telephone conversations as a part of telehealth care will also expand insurance language to include audio-only options in their coverage for mental health. Making this definition permanent is the right step to take towards prioritizing mental health outcomes in Maryland and preserving the accessibility of mental health care for everyone who needs it.

I respectfully request a "Favorable Report" on SB 372.

2025 ACNM SB 372 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

AFFILIATE OF
AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime®

Committee: **Senate Finance Operations**

Bill Number: **Senate Bill 372 – Preserve Telehealth Access Act of 2025**

Hearing Date: **February 5, 2025**

Position: **Support**

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 372 – Preserve Telehealth Access Act of 2025.* The bill removes the sunset date for two provisions of telehealth reimbursement policy, making those provisions permanent for the Maryland Medical Assistance and state-regulated private insurance: 1) reimbursement for audio-only services; and 2) payment parity for services provided through a telehealth platform.

ACNM supports the legislation because it provides flexibility in the use of telehealth to meet an individual's health needs. In a position paper supporting telehealth access, ACNM affirms that "(the) use of telehealth should be individualized based on patient preference, access to necessary technology, risks, and benefits." [i]

By continuing reimbursement for audio-only services, the legislation recognizes the appropriateness of this medium, particularly for the delivery of behavioral health services. With payment parity, the legislation also recognizes that providers need sufficient resources to continue to provide their services, often through the hybrid mode of in-person and telehealth platforms.

We ask for a favorable report with this amendment. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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[i] https://www.midwife.org/acnm/files/acnmlibrarydata/uploadfilename/000000000331/2022_ps-the-use-of-telehealth-in-midwifery%20.pdf

2025 MASBHC SB 372 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

masbhc
MARYLAND ASSEMBLY ON
SCHOOL-BASED HEALTH CARE
education+health=success

To: **Senate Finance Committee**

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

Date: **February 5, 2025**

Position: **Favorable**

The Maryland Assembly on School-Based Health Care (MASBHC) supports *Senate Bill 372- Preserve Telehealth Access Act of 2025*. The legislation continues telehealth reimbursement flexibilities on a permanent basis for audio-only reimbursement and payment parity.

MASBHC thanks the Maryland General Assembly for its continued support of telehealth services provided by school-based health centers. When school-based health centers had to shut down during COVID, the Maryland General Assembly enacted SB 278/HB 34 (Senator Kagan/Delegate Rosenberg) as emergency legislation to allow school-based health centers to continue to reach students through telehealth.

School-based health centers, along with school health programs, are charged with trying to keep children healthy enough to remain in school. When students are absent from school, telehealth allows them to provide health services to students and check on their wellbeing.

MASBHC would also like to thank the Maryland Medicaid Assistance Program for their partnership in trying to lift the federal four-wall rule. This rule requires that either the student or health practitioner must be within the four-walls of a school-based health center. This rule inhibits care when the provider must stay at home because of inclement weather or an outbreak at school. Medicaid has not received a response from CMS on the request to waive the four-wall rule. MASBHC will continue to partner with Medicaid on this critical issue.

We ask for a favorable report on this legislation. If we can provide any further information, please contact relliott@policypartners.net.

2025 MASHN SB 372 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

Maryland Association of School Health Nurses

MASHN

To: **Senate Finance Committee**

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

Date: **February 5, 2025**

Position: **Favorable**

The Maryland Association of School Health Nurses (MASHN) supports *Senate Bill 372 – Preserve Telehealth Access Act of 2025.* The legislation extends critical telehealth reimbursement policies including audio-only reimbursement and payment parity. Telehealth can improve students' health and reduce their time away from school.[i] Telehealth can support care through two avenues: 1) School-based providers, such as nurse practitioners in school-based health centers, can serve children who are sick at home; and 2) Schools can help families keep their children in school by facilitating telehealth appointments during the school day.

We ask for a favorable vote. If we can provide any information, please contact Robyn Elliott at relliott@policypartners.net.

[i] https://telehealth.hhs.gov/providers/best-practice-guides/school-based-telehealth

2025 MDAC SB 372 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

Maryland Dental Action Coalition

10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 372 – Preserve Telehealth Access Act of 2025**

Hearing Date: **February 4, 2025**

Position: **Support**

The Maryland Dental Action Coalition (MDAC) strongly support *Senate Bill 372 – Preserve Telehealth Access Act of 2025*. The legislation preserves telehealth reimbursement policy enacted initially by the Maryland General Assembly in 2021. By removing the sunset date for audio-only and payment parity provisions, the legislation makes these provisions part of Maryland's permanent telehealth reimbursement policies.

MDAC supports the legislation because Teledentistry can be transformational for care provided in rural communities.[i] Teledentistry connects individuals with specialists outside of their area, which is particularly important for people with urgent dental needs. Teledentistry also allow helps people who face transportation challenges, including people in rural areas and those with mobility issues.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

[i] https://www.jrmds.in/articles/teledentistry-for-underserved-populations-an-evidencebased-exploration-of-access-outcomes-and-implications.pdf

2025 MdAPA SB 372 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

The Maryland Academy of Physician Assistants

mdapa

To: **Senate Finance Committee**

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

Date: **February 5, 2025**

Position: **Favorable**

The Maryland Academy of Physician Assistants supports *Senate Bill 372 – Preserve Telehealth Access Act of 2025*. This bill makes two telehealth reimbursement provisions permanent for Maryland Medicaid and private insurers: 1) reimbursement for audio-only telehealth appointments; and 2) reimbursement parity.

Telehealth is based on a simple principle – bringing health care directly to patients so that they do not have to navigate scheduling and transportation challenges. By providing for reimbursement of audio-only services, the bill addresses one of the major barriers to telehealth services. Many individuals and sometimes whole communities do not have access to broadband or computers. Audio-only visits are essential to connect people to the health services they need. Audio-only services have been particularly important in supporting people with behavioral health issues.

Reimbursement parity is also essential to ensure providers have sufficient resources to meet their patients needs. Most providers offer telehealth services as complementary to in-person services.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

2025 Moveable SB 372 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

MOVEABLE FEAST
Feed People | Fortify Health | Foster Hope

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 372 – Preserve Telehealth Access Act of 2025**

Hearing Date: **February 4, 2025**

Position: **Support**

Moveable Feast strongly supports *Senate Bill 372 – Preserve Telehealth Access of 2025.* The legislation makes telehealth flexibilities permanent in coverage provided by the Maryland Medical Assistance Program and state-regulated private insurance.

Moveable Feast's mission is centered on health equity. We provide medically tailored meals to improve the health outcomes of people with serious chronic or life-threatening disease. Many of our clients have limited mobility or face transportation issues. Telehealth can provide a lifeline for them to receive needed care without leaving their homes. Research demonstrates the efficacy of telehealth in supporting the management of chronic conditions and serious illness.[i]

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

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[i] https://medicine.yale.edu/news-article/telehealth-is-just-as-effective-as-in-person-care-new-study-finds/#:~:text=One%20of%20the%20largest%20randomized%20clinical%20trials,on%20managing%20the%20symptoms%20of%20serious%20illness.

https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-older-adults/telehealth-chronic-conditions#:~:text=Why%20use%20telehealth%20to%20manage%20chronic%20conditions,hypertension%2C%20and%20diabetes%20as%20the%20most%20common.

2025 TCC SB 372 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

THE COORDINATING CENTER

YOUR HEALTH. YOUR JOURNEY. OUR PRIORITY.

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 372 – Preserve Telehealth Access Act of 2025**

Hearing Date: **February 4, 2025**

Position: **Support**

The Coordinating Center supports *Senate Bill 372 – Preserve Telehealth Access Act of 2025.* The legislation removes the sunset date for two telehealth reimbursement provisions: 1) reimbursement for audio-only services; and 2) payment parity.

Our organization provides care coordination to nearly 10,000 Marylanders annually to individuals enrolled in Maryland Medicaid programs, including the Community First Choice Program, and other home and community-based service waivers. Many of our clients face challenges in mobility and activities of daily living. Our goal is to support our clients in living as independently as possibility in their own communities.

Telehealth services are essential to maintaining the health and wellbeing of people who face mobility and transportation challenges.[i] The Coordinating Center supports this legislation because it promotes equitable access to health care services through the provision of telehealth services for people across Maryland.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

[i] https://pubmed.ncbi.nlm.nih.gov/27473387/

BJC Support SB372 telehealth audio only.pdf
Uploaded by: Sarah Miicke
Position: FAV

Baltimore Jewish Council
An agency of The Associated

WRITTEN TESTIMONY

Senate Bill 372 Preserve Telehealth Access Act of 2025
Finance Committee
February 5, 2025
SUPPORT

Background: If enacted, Senate Bill 372 (SB372) would remove the sunset on audio only telehealth services.

Written Comments: The Baltimore Jewish Council (BJC) represents The Associated: Jewish Community Federation of Baltimore and all of its agencies and programs, including Jewish Community Services (JCS). JCS provides critical social services, including mental and behavioral health therapy, older adult care, and disabilities support. Audio only telehealth has enabled the neediest clients, including those with disabilities, older adults and low-income individuals without stable internet access, to receive their much-needed services. SB372 would allow these clients to continue to receive audio only telehealth services after June 2025. JCS has learned over the years how invaluable audio only telehealth services are to the clients they service, making sure clients can receive the healthcare they need.

For these reasons, we urge a favorable report on SB372.

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of the Associated Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.

BALTIMORE JEWISH COUNCIL
5700 Park Heights Avenue • Baltimore, Maryland 21215
410-542-4850 • baltjc.org

The Associated
Jewish Federation of Baltimore

SB 372 - FAV - MSCAN Testimony.pdf
Uploaded by: Sarah Miicke
Position: FAV

Maryland Senior Citizens Action Network

MSCAN

MSCAN Co-Chairs:
Carol Lienhard
Sarah Miicke
6102460075

Senate Bill 372- Preserve Telehealth Access Act of 2025
Finance Committee
February 5, 2025
Support

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that supports policies that meet the housing and care needs of Maryland's low and moderate-income seniors.

MSCAN enthusiastically supports SB372 for its ability to positively impact the lives of seniors by allowing continued access to audio only telehealth by removing the sunset provision. This service expansion has become a vital part of Maryland's continuum of care and it must be preserved. The continued use of audio only telehealth has been invaluable to our seniors who do not always have stable internet, including those in rural communities, or have technological challenges to video health care.
Ensuring that patients continue to be able to use audio only telehealth in lieu of an in-person visit will keep these Marylanders healthier.

For these reasons, MSCAN respectfully requests a favorable report for on SB 372.

SB 372 - Occupational Therapy Bd - FIN - LOS.pdf
Uploaded by: State of Maryland (MD)
Position: FAV

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland Board of Occupational
Therapy Practice
55 Wade Avenue, Tuerk Bldg, 2nd Fl
Baltimore, MD 21228

February 5, 2025

The Honorable Senator Beidle
Chair, Finance Committee
3 East Senate Miller Office Building11 Bladen Street
Annapolis, MD 21401-1991

RE: Senate Bill 372– Preserve Telehealth Access Act of 2025 – Letter of Support

Dear Chair Beidle and Committee Members:

The Maryland Board of Occupational Therapy Practice is submitting this letter of Support for Senate Bill 372 – Preserve Telehealth Access Act of 2025.

For years, telehealth has been a very useful tool for the practice of occupational therapy. Once the pandemic hit, it became a necessity, and both occupational therapists and occupational therapy assistants found that many therapeutic acts such as video training and monitoring with consumers and care providers could be accomplished via telehealth. Due to its ease for both the therapists and the patients, the Maryland Board of Occupational Therapy Practice would find it detrimental if there were to be limits on the amount or continuation of services via telehealth.

I hope this information is useful. If you would like to discuss this further, please contact me at lauren.murray@maryland.gov or at 410-402-8556.

Sincerely,

Lauren Murray

Lauren Murray, Executive Director
Maryland Board of Occupational Therapy Practice

The opinion of the Board expressed in this letter of support does not necessarily reflect that of the Department of Health or the Administration.

SB 372.pdf
Uploaded by: Taylor Dickerson
Position: FAV

MARYLAND
PSYCHOLOGICAL ASSOCIATION

PO Box 368 Laurel, MD 20725 410-992-4258 www.marylandpsychology.org

February 3, 2025

Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Finance Committee
Miller Senate Office Building, 3 East
Annapolis, MD 21401

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

RE: SB 372 – Preserve Telehealth Access Act of 2025
Position: SUPPORT

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the Senate Finance Committee to **FAVORABLY report on SB 372.**

We urge the Committee to support policies which increase access to therapy and substance use services. We ask that the Committee , therefore, ensure that telehealth therapy services continue to be reimbursed at the same rate as in-person therapy sessions. The effectiveness of virtual therapy is well-documented, and it has become a crucial resource for individuals who face barriers to in-person care, such as those in rural areas, individuals with disabilities, and those with limited transportation. Paying therapists less for telehealth services discourages providers from joining insurance panels which then limits access to mental health care. Equal reimbursement rates will ensure that therapists can continue to join insurance panels and provide care to those who need it most, without financial disincentives that reduce availability.

SB 372 also maintains the policy that audio-only therapy sessions continue to be reimbursed and included as telehealth services. Many individuals, especially those in underserved communities, lack access to reliable internet or video-capable devices and still require mental health support. Audio-only therapy ensures that those without broadband access, older adults unfamiliar with video technology, and individuals in crisis who may not have privacy for a video session can still receive essential care. Mental health treatment should be accessible to all, regardless of technological or financial barriers. By supporting payment parity for telehealth therapy and ensuring audio-only services remain covered, we can create a more equitable and effective mental health care system.

We urge the Committee to issue a **favorable report on SB 372**. If we can be of any further assistance, please do not hesitate to contact MPA's Legislative Chair, Dr. Stephanie Wolf, JD, Ph.D. at mpalegislativecommittee@gmail.com.

Respectfully submitted,

David Goode-Cross, Ph.D.
David Goode-Cross, Ph.D.
President

Stephanie Wolf, JD, Ph.D.
Stephanie Wolf, JD, Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

ATA ACTION MD SB 372 LETTER.pdf
Uploaded by: Tom Mann
Position: FAV

ata ACTION
Telehealth Policy to Transform Healthcare

February 3, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Maryland General Assembly
3 East Miller Senate Office Building
Annapolis, Maryland 21401
pamela.beidle@senate.state.md.us

The Honorable Antonio Hayes
Vice Chair, Senate Finance Committee
Maryland General Assembly
223 James Senate Office Building
Annapolis, Maryland 21401
antonio.hayes@senate.state.md.us

RE: ATA ACTION SUPPORT OF SB 372

Dear Chair Beidle, Vice Chair Hayes and members of the Maryland Senate Finance Committee:

On behalf of ATA Action, I am writing to you to comment and express our strong support for Senate Bill 372.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

ATA Action understands that the bill repeals the limitation on the period during which certain audio-only telephone conversations are included under the definition of telehealth for coverage and reimbursement purposes. This will ensure that patients who have come to rely on audio-only modalities of healthcare will not have their care interrupted and continues extended access to high-quality healthcare for all Maryland patients.

ATA Action supports the adoption of technology-neutral telemedicine policies that enable practitioners to utilize synchronous, (real-time) audio-visual or audio-only, and asynchronous (non-real-time) technologies in the delivery of care. ATA Action maintains that policy makers should not restrict the modalities which practitioners may use when providing care to patients, permitting licensed health care professionals to determine which technologies are sufficient to meet the standard of care for the condition presented by the patient. ATA Action is pleased to see the permanent inclusion of the use of audio-only

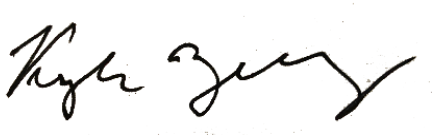
ata ACTION
Telehealth Policy to Transform Healthcare

care. This will be especially beneficial for citizens without reliable internet access, due to broadband or personal technological limitations.

While this legislation represents a significant step forward for telehealth care in Maryland, our organization encourages the General Assembly to take this opportunity to consider making an important update to the telehealth statute regarding the prescription of opioids for pain management. Current statute prohibits the prescription of Schedule II opioids for the treatment of pain though telehealth, other than in specific, rare situations. This prohibition is outdated and does not align with current federal standards from the US Drug Enforcement Administration and the US Department of Health and Human Services. ATA Action believes that telehealth prescription of these medications should conform to federal standards and with the standard of care. Updating this language will increase patient access to these needed medications via telehealth, increase patient choice, improve clarity for providers and better align Maryland policy with federal standards. Telehealth has limited value for patients if they cannot get access to it.

Thank you for your support for telehealth. We encourage you and your colleagues to support this legislation and consider other actions that will permanently expand access to telehealth care in Maryland. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical and effective telehealth policy in Maryland. If you have any questions or would like to engage in additional discussion regarding the telehealth industry's perspective, please contact me at kzebley@ataaction.org.

Kind regards,



Kyle Zebley
Executive Director
ATA Action

ATA ACTION
901 N. Glebe Road, Ste 850 | Arlington, VA 22203
Info@ataaction.org

SB 372 - FAV - SWASC Testimony.pdf
Uploaded by: UM SWASC
Position: FAV

SWASC Social Work Advocates for Social Change

For more information, please contact
Noelle Diaz
umswasc@gmail.com

TESTIMONY IN SUPPORT OF SB 372

Preserve Telehealth Access Act of 2025

Senate Finance Committee

February 5, 2025

Social Work Advocates for Social Change (SWASC) strongly support SB 372, which will repeal sunset provisions limiting the recognition of audio-only sessions as a reimbursable service, and guarantee insurance reimbursement parity between telehealth and in-person services. **SB 372 would ensure the continued provision of services that remove barriers to accessing care, increase client choice in choosing how they receive services, and ensure telephonic services that are existing components of gold-standard treatments are reimbursable.**

SB 372 would enhance access to behavioral health care by removing barriers that could otherwise prevent individuals from receiving critical services. Telehealth allows clients to access geographically distant service providers who would otherwise not be an option. SWASC members utilizing telehealth have provided services to clients all over Maryland, including families over 2.5 hours away from the provider location. Additional client-side barriers SWASC members have observed include transportation issues, childcare responsibilities, stigma against seeking treatment, and time constraints. For providers, low or no reimbursement for telehealth services is the number one reason for not offering telehealth services.[1] **SB 372 guarantees payment parity, ensuring providers can continue offering telehealth services thereby decreasing barriers to accessing behavioral services.**

Clients seeking mental health services may find audio-only telehealth services to be their preferred and most effective method of service delivery. The 2022 Maryland Telehealth Report found that audio-only telehealth may be preferred by clients when discussing sensitive topics.[2] Additionally, members of SWASC have experience working with clients who exhibit a strong preference for audio-only services. Autistic clients may be more at ease and find services without a visual component to be more effective. Similarly, older clients lacking technological literacy may prefer traditional telephonic communication to typical telehealth platforms such as Zoom. **As telehealth**

[1] Technical Report of the Maryland Telehealth Study (2022). *NORC at the University of Chicago.* (Rep). https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/hit_norc_technical_rpt.pdf

[2] Technical Report of the Maryland Telehealth Study (2022). *NORC at the University of Chicago.* (Rep). https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/hit_norc_technical_rpt.pdf

For more information, please contact
Noelle Diaz
umswasc@gmail.com

providers, we have found that audio-only service delivery can be as effective as audio-visual or in-person delivery if it is the client's preference.

Audio-only telehealth services are used in a variety of widely used evidence-based practices and treatments. A key element of Dialectical Behavior Therapy (DBT) is telephone coaching, through which a client can reach their therapist in between sessions for support during a crisis or for assistance implementing a skill learned in session into everyday life.[3] Similarly, the 988 Suicide and Crisis Lifeline provides immediate support over telephone to individuals facing mental health or substance use emergencies. **The staggering number of crisis calls received by 988 – over nine million in the two years since its launch[4] – reflects both an urgent need for accessible mental health resources as well as the effectiveness of audio-only communication in reaching individuals in crisis.**

Telehealth, particularly audio-only, sessions reduce barriers to accessing care, increase client choice in service delivery, and are already recognized components of effective therapy modalities. For these reasons, **Social Work Advocates for Social Change urges a favorable report on SB 372.**

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

[3] *Dialectical behavior therapy (DBT): What it is & purpose*. Cleveland Clinic. (2022, January 24). https://my.clevelandclinic.org/health/treatments/22838-dialectical-behavior-therapy-dbt

[4] *988 lifeline performance metrics*. SAMHSA. (2024). https://www.samhsa.gov/mental-health/988/performance-metrics

SB372.Telehealth.25.pdf
Uploaded by: Virginia Crespo
Position: FAV

Maryland Retired School Personnel Association

8379 Piney Orchard Parkway, Suite A ● Odenton, Maryland 21113
Phone: 410.551.1517 ● Email: mrspa@mrspa.org
www.mrspa.org

Senate Bill 0372
In Support Of
Preserve Telehealth Access Act of 2025
Finance Committee
Hearing February 5, 2025, at 2:00 p.m.

Dear Honorable Senator Pamela Beidle, Chair, Senator Antonio Hayes, Vice Chair, and distinguished Finance Committee members,

The Maryland Retired School Personnel Association (MRSPA) supports SB 0372 Preserve Telehealth Access Act of 2025.

Our MRSPA Legislative Priorities include legislation that allows services that help seniors age in place and remain healthy, active, and independent. This legislation would allow Marylanders continued access to telehealth services and require insurance companies to reimburse physicians and medical facilities for the approved telehealth services.
MRSPA believes that access to telehealth service is critical to seniors and other vulnerable adults who may not be able to attend in-person medical appointments for a variety of reasons. Quality and improved health care access ensures a better life, not just for seniors, but for all Marylanders.
SB 372 removes the limitation on the period during which Marylanders can use telehealth services as a health care delivery option. Coverage and reimbursement of such health care services have proven their value to Maryland citizens.

On behalf of the over 12,000 members of the Maryland Retired School Personnel Association, we strongly urge a favorable report on SB 372.

Sincerely,

Elizabeth H. Weller
President

Virginia G. Crespo
Legislative Aide

SB372 - Preserve Telehealth Act FAV 2025.pdf
Uploaded by: Zoe Gallagher
Position: FAV

Testimony to the Senate Finance Committee
SB372 - The Preserve Telehealth Act
Position: Favorable

2/5/2025
The Honorable Pam Beidle, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401
cc: Members, Senate Finance

Chair Beidle and Members of the Committee:

Economic Action Maryland Fund (formerly the Maryland Consumer Rights Coalition) is a statewide coalition of individuals and organizations that advances economic rights and equity for Maryland families through research, education, direct service, and advocacy. Our 12,500 supporters include consumer advocates, practitioners, and low-income and working families throughout Maryland.

I am writing today to urge your strong support of SB372, the Preserve Telehealth Act, which would ensure continued access to and reimbursement for telehealth services, particularly audio-only telephone conversations, and codify permanent protections for audio-only telehealth services.

Since COVID, audio-only telehealth has been a lifeline, particularly for older adults and low-income families. It has allowed them to access critical health care services without the need for expensive technology, reliable internet, or the ability to travel to a doctor's office. For those living in rural areas or communities with limited transportation options and few nearby hospitals, telehealth has been nothing short of transformative.

Economic Action's SOAR (Securing Older Adult Resources) Program works with older adults across the state, providing assistance with social benefit and tax credit applications. Throughout this work, one thing remains incredibly clear: although our society continues to move toward digitalization, many low-income older adults do not have access to a computer at home.

Beyond older adults, an estimated one in three households in Baltimore City do not have a desktop computer or laptop, and 40% of households do not have internet.[1] Not only are Black and Brown communities are hit most hard by the digital divide,[2] but they also face major disparities when it comes to health outcomes and healthcare services.[3]

Because of this, audio-only telehealth protections are crucial for ensuring that vulnerable communities are still able to access telehealth resources without a computer. The current temporary provisions allowing

[1] https://abell.org/wp-content/uploads/2022/02/2020_Abell_digital20divide_full20report_FINAL_web20dr.pdf
[2] ibid
[3] https://health.maryland.gov/bonha/Documents/Health_Care_Disparities_Policy_Report_Card.pdf

audio-only telehealth are set to expire on June 30, 2025, which would leave countless Marylanders without access to the care they need. SB372 is necessary to prevent this sunset and ensure this crucial service is still affordably available to all Marylanders.

Considering both the digital divide and major disparities in the healthcare system, access to telehealth is not just a matter of convenience, it is a matter of health equity.

For these reasons, I urge your favorable report on SB372.

Thank you.

Best,
Zoe Gallagher

SB 372_Telehealth_SWA.pdf
Uploaded by: Allison Taylor
Position: FWA

KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 5, 2025

The Honorable Pamela Beidle
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 372 – Support with Amendments

Dear Chair Beidle and Members of the Committee:

Kaiser Permanente is pleased to support SB 372, "Preserve Telehealth Access Act of 2025," with the amendment offered by the League of Life and Health Insurers.

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.[1] Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for over 825,000 members. In Maryland, we deliver care to approximately 475,000 members.

Our fully integrated telehealth capabilities enhance the patient experience, improve outcomes, and expand access to routine and life-saving care. These technologies, including video, phone, and email, support interactions between patients and their physicians and other health professionals. About 40% of our ambulatory care visits are now conducted by video or phone call, with an average of approximately 30,000 video visits completed per weekday across our footprint.

To keep up with this ever-evolving paradigm and marketplace, the League is offering an amendment to require that the Maryland Health Care Commission to provide a report on the advances or developments in the area of telehealth including evolving modalities and changes in the cost of delivering services every four years. We appreciate MHCC's prior studies of telehealth usage and coverage, and we believe continued study would help the state keep up with this ever-evolving paradigm and marketplace.

Thank you for the opportunity to comment. Please feel free to contact me at Allison.W.Taylor@kp.org or (919) 818-3285 with questions.

Sincerely,

Allison Taylor

Allison Taylor
Director of Government Relations
Kaiser Permanente

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[1] Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation's largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

DOCS-#238638-v1-SB_372_Telehealth_FWA_League.DOCX.
Uploaded by: Matthew Celentano
Position: FWA

The League of Life and Health Insurers of Maryland

15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

February 5, 2025

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Senate Bill 372 – Preserve Telehealth Access Act of 2025 – *FAVORABLE* with Amendment

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. supports ***Senate Bill 372 – Preserve Telehealth Access Act of 2025*** favorable with amendment.

The League members are supportive of continuing the expansions of telehealth that have become part of the health care landscape in the post-pandemic world. The flexibility certainly provides consumer convenience and accessibility that provides patients with options to engage with their providers in a technologically shifting world.

To keep up with this ever-evolving paradigm and marketplace, the League respectfully requests an amendment that requires the Maryland Health Care Commission to "provide a report on the advances or developments in the area of telehealth including evolving modalities and changes in the cost of delivering services every four years."

For these reasons, the League urges the committee to give Senate Bill 372 a favorable with amendment report.

Very truly yours,

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee

UNFAVORABLE.SB372.HB869.MDRTL.LauraBogley.pdf
Uploaded by: Laura Bogley
Position: UNF

UNFAVORABLE/SEEKING AMENDMENT

SB372/HB869 Preserve Telehealth Access Act of 2025

Maryland Right to Life, Inc.
Laura Bogley, JD
Executive Director

On behalf of our Board of Directors and chapters across the state, we respectfully object to SB372/HB369 *as written* and urge your amendment. While "telehealth" is a worthwhile goal for Maryland, "**teledeath**" must be expressly excluded from all telehealth policy.

State telehealth policies have enabled "teleabortion" - the mass distribution of chemical abortion drugs and "Do-It-Yourself" abortions - which increases the risk of injury and death for women and girls in Maryland. Teleabortion deprives pregnant women access to comprehensive care that includes a physical examination by a licensed obstetrician to determine whether the woman is eligible for and consents to chemical abortion.

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion drugs. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion drugs.

"D-I-Y" Abortion Drugs Endanger Women and Children

"Teleabortion" is the remote prescription and administration of chemical abortion drugs Mifepristone and Misoprostol to cause abortion, without examination by a medical provider.

The abortion industry's radical agenda to indiscriminately sell "D-I-Y" abortions is normalizing "back alley abortions" where women self administer and hemorrhage without medical supervision or assistance. The discreet deliverability of abortion drugs through teleabortion puts women at risk of coerced abortion and allows sexual predators and pedophiles to hide their crimes and continue to harm their victims.

While the abortion industry claims that chemical abortion is safe and easy, this method is **four times more dangerous than surgical abortions.** At least 20% of women obtaining chemical abortions experience complications including severe uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA).

There are many potential negative consequences to teleabortion policies which ultimately demonstrate the state's disregard for the health of women and children. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the

body's rejection of future pregnancies. Catastrophic complications can occur through teleabortion, and emergency care may not be readily available in remote or underserved areas.

The FDA warns these drugs fail to deliver a complete abortion 2-7% of the time. Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported. With the widespread distribution of chemical abortion drugs, the demand on Emergency Room personnel to deal with abortion complications has increased 500%, increasing medical scarcity and threatening the conscience rights of medical providers.

Abuse of Abortion Drugs

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Because of the deregulation of abortion drugs, we are seeing many examples across the nation of individuals being prosecuted for coercing women into ingesting abortion drugs without their knowledge or consent, most often resulting in miscarriage. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive partners all take advantage of easily available chemical abortion drugs. (See Article: https://www.independent.co.uk/news/world/americas/massachusetts-abortion-pill-boyfriend-charged-robert-kawada-b2553243.html)

State Teleabortion Policies

The Maryland General Assembly has removed nearly all safeguards in law for women and girls seeking abortions. Through the *Abortion Care Access Act* of 2022, the Assembly authorized non-physicians to perform or provide abortions and appropriated millions annually in taxpayer funds to train and certify this substandard abortion workforce. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion drugs. These non-physician abortion providers provide teleabortion drugs and are eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from abortion drug manufacturers. However, under Maryland law both abortion drug manufacturers and distributors are shielded from liability.

In 2021 and 2022, the Maryland General Assembly enacted several telehealth bills into law as supposed Covid measures, all of which Maryland Right to Life opposed. These laws expanded teleabortion through remote distribution chains of abortion drugs including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for teleabortion through Medicaid and Family Planning Program dollars.

In 2024 the Assembly authorized telehealth appointments for k-12 students, through which children can be prescribed and sent chemical abortion drugs without parental notification or consent. The abortion industry already is selling chemical abortion drugs to girls over the phone or computer, without parental

consent and without examination by a healthcare provider, including through websites like *PlanCpills.org*.

The remote sale and distribution of abortion drugs through school telehealth, poses a serious risk to the health and safety of school children and is an egregious violation of parent trust. Educators and school health providers are Mandatory Reporters of suspected sexual abuse. Instead of protecting children from sexual assault, Maryland schools are now part of the abortion drug distribution chain.

FDA Puts Politics Before Patients

The Food and Drug Administration (FDA) restrictions on the sale of chemical abortion drugs are necessary regulations to protect the health and safety of women and girls from improper use and resulting injury. But under pressure from the Biden administration, and democrat attorneys general, including Brian Frosh, the FDA removed critical safeguards on the remote sale and distribution of chemical abortion drugs through teleabortion.

Previously, the FDA required that abortion drugs be distributed only under the supervision of a qualified healthcare provider because of the drug's potential for serious complications including but not limited to, severe hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. A physician's examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for f ailed chemical abortions.

In 2020, Maryland Attorney General Brian Frosh, joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice telabortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

In December of 2021, the FDA announced that it would no longer require that the drugs be dispensed in person to the patient and would no longer limit distribution to prescribers and their offices. The FDA still requires that, in order to prescribe the drug, the prescriber certify their ability to assess the duration of the pregnancy and diagnose ectopic pregnancies. However no physical examinations are required in this new protocol putting women and girls at risk of misdiagnosis and improper use of the drugs.
Lawsuit against Planned Parenthood: Abortion pill caused toilet delivery of 'fully formed' 30-week baby (liveaction.org)

Adopt Reasonable Health and Safety Standards

The growing reliance on chemical abortion underscores the need for a state protocol for the use of abortion drugs including informed consent specific to the efficacy, complications and abortion pill reversal therapy. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drugs' potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

The Maryland General Assembly must put patient safety before abortion politics and profits. We strongly urge the bill sponsor to amend the language of this bill to exclude its application to teleabortion and the remote prescription and distribution of dangerous chemical abortion drugs.

UNFAVORABLE.SB372.HB869.MDRTL.LauraBogley.pdf
Uploaded by: Laura Bogley
Position: UNF

UNFAVORABLE/SEEKING AMENDMENT

SB372/HB869 Preserve Telehealth Access Act of 2025

Maryland Right to Life, Inc.
Laura Bogley, JD
Executive Director

On behalf of our Board of Directors and chapters across the state, we respectfully object to SB372/HB369 *as written* and urge your amendment. While "telehealth" is a worthwhile goal for Maryland, "**teledeath**" must be expressly excluded from all telehealth policy.

State telehealth policies have enabled "teleabortion" - the mass distribution of chemical abortion drugs and "Do-It-Yourself" abortions - which increases the risk of injury and death for women and girls in Maryland. Teleabortion deprives pregnant women access to comprehensive care that includes a physical examination by a licensed obstetrician to determine whether the woman is eligible for and consents to chemical abortion.

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion drugs. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion drugs.

"D-I-Y" Abortion Drugs Endanger Women and Children

"Teleabortion" is the remote prescription and administration of chemical abortion drugs Mifepristone and Misoprostol to cause abortion, without examination by a medical provider.

The abortion industry's radical agenda to indiscriminately sell "D-I-Y" abortions is normalizing "back alley abortions" where women self administer and hemorrhage without medical supervision or assistance. The discreet deliverability of abortion drugs through teleabortion puts women at risk of coerced abortion and allows sexual predators and pedophiles to hide their crimes and continue to harm their victims.

While the abortion industry claims that chemical abortion is safe and easy, this method is **four times more dangerous than surgical abortions.** At least 20% of women obtaining chemical abortions experience complications including severe uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA).

There are many potential negative consequences to teleabortion policies which ultimately demonstrate the state's disregard for the health of women and children. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the

body's rejection of future pregnancies. Catastrophic complications can occur through teleabortion, and emergency care may not be readily available in remote or underserved areas.

The FDA warns these drugs fail to deliver a complete abortion 2-7% of the time. Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported. With the widespread distribution of chemical abortion drugs, the demand on Emergency Room personnel to deal with abortion complications has increased 500%, increasing medical scarcity and threatening the conscience rights of medical providers.

Abuse of Abortion Drugs

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Because of the deregulation of abortion drugs, we are seeing many examples across the nation of individuals being prosecuted for coercing women into ingesting abortion drugs without their knowledge or consent, most often resulting in miscarriage. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive partners all take advantage of easily available chemical abortion drugs. (See Article: https://www.independent.co.uk/news/world/americas/massachusetts-abortion-pill-boyfriend-charged-robert-kawada-b2553243.html)

State Teleabortion Policies

The Maryland General Assembly has removed nearly all safeguards in law for women and girls seeking abortions. Through the *Abortion Care Access Act* of 2022, the Assembly authorized non-physicians to perform or provide abortions and appropriated millions annually in taxpayer funds to train and certify this substandard abortion workforce. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion drugs. These non-physician abortion providers provide teleabortion drugs and are eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from abortion drug manufacturers. However, under Maryland law both abortion drug manufacturers and distributors are shielded from liability.

In 2021 and 2022, the Maryland General Assembly enacted several telehealth bills into law as supposed Covid measures, all of which Maryland Right to Life opposed. These laws expanded teleabortion through remote distribution chains of abortion drugs including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for teleabortion through Medicaid and Family Planning Program dollars.

In 2024 the Assembly authorized telehealth appointments for k-12 students, through which children can be prescribed and sent chemical abortion drugs without parental notification or consent. The abortion industry already is selling chemical abortion drugs to girls over the phone or computer, without parental

consent and without examination by a healthcare provider, including through websites like *PlanCpills.org*.

The remote sale and distribution of abortion drugs through school telehealth, poses a serious risk to the health and safety of school children and is an egregious violation of parent trust. Educators and school health providers are Mandatory Reporters of suspected sexual abuse. Instead of protecting children from sexual assault, Maryland schools are now part of the abortion drug distribution chain.

FDA Puts Politics Before Patients

The Food and Drug Administration (FDA) restrictions on the sale of chemical abortion drugs are necessary regulations to protect the health and safety of women and girls from improper use and resulting injury. But under pressure from the Biden administration, and democrat attorneys general, including Brian Frosh, the FDA removed critical safeguards on the remote sale and distribution of chemical abortion drugs through teleabortion.

Previously, the FDA required that abortion drugs be distributed only under the supervision of a qualified healthcare provider because of the drug's potential for serious complications including but not limited to, severe hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. A physician's examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for f ailed chemical abortions.

In 2020, Maryland Attorney General Brian Frosh, joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice telabortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

In December of 2021, the FDA announced that it would no longer require that the drugs be dispensed in person to the patient and would no longer limit distribution to prescribers and their offices. The FDA still requires that, in order to prescribe the drug, the prescriber certify their ability to assess the duration of the pregnancy and diagnose ectopic pregnancies. However no physical examinations are required in this new protocol putting women and girls at risk of misdiagnosis and improper use of the drugs.
Lawsuit against Planned Parenthood: Abortion pill caused toilet delivery of 'fully formed' 30-week baby (liveaction.org)

Adopt Reasonable Health and Safety Standards

The growing reliance on chemical abortion underscores the need for a state protocol for the use of abortion drugs including informed consent specific to the efficacy, complications and abortion pill reversal therapy. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drugs' potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

The Maryland General Assembly must put patient safety before abortion politics and profits. We strongly urge the bill sponsor to amend the language of this bill to exclude its application to teleabortion and the remote prescription and distribution of dangerous chemical abortion drugs.