

# SENATE BILL 372

J5, J1

(5lr1977)

## ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by **Senators Beidle, Gile, Kramer, Lam, ~~and Mautz~~ Mautz, Ellis, Hayes, Hershey, C. Jackson, Ready, and A. Washington**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

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Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
President.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

### 2 **Preserve Telehealth Access Act of 2025**

3 FOR the purpose of repealing the limitation on the period during which certain audio-only  
4 telephone conversations are included under the definition of “telehealth” for the  
5 purpose of certain provisions of law relating to reimbursement and coverage of  
6 telehealth by the Maryland Medical Assistance Program and certain insurers,  
7 nonprofit health service plans, and health maintenance organizations; repealing the  
8 limitation on the period during which the Program and certain insurers, nonprofit  
9 health service plans, and health maintenance organizations are required to provide  
10 reimbursement for certain health care services provided through telehealth on a  
11 certain basis and at a certain rate; altering the circumstances under which health  
12 care practitioners are authorized to prescribe certain controlled dangerous substances  
13 for the treatment of pain through telehealth; requiring the Maryland Health Care  
14 Commission to submit a certain report regarding telehealth every certain number of

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#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

*Italics indicate opposite chamber/conference committee amendments.*



1 years; and generally relating to the coverage and reimbursement of health care  
2 services delivered through telehealth.

3 BY repealing and reenacting, with amendments,  
4 Article – Health – General  
5 Section 15–141.2(a)(7) and (g)  
6 Annotated Code of Maryland  
7 (2023 Replacement Volume and 2024 Supplement)

8 BY adding to  
9 Article – Health – General  
10 Section 19–108.6  
11 Annotated Code of Maryland  
12 (2023 Replacement Volume and 2024 Supplement)

13 BY repealing and reenacting, with amendments,  
14 Article – Health Occupations  
15 Section 1–1003  
16 Annotated Code of Maryland  
17 (2021 Replacement Volume and 2024 Supplement)

18 BY repealing and reenacting, with amendments,  
19 Article – Insurance  
20 Section 15–139(a) and (d)  
21 Annotated Code of Maryland  
22 (2017 Replacement Volume and 2024 Supplement)

23 BY repealing and reenacting, without amendments,  
24 Article – Insurance  
25 Section 15–139(b) and (c)  
26 Annotated Code of Maryland  
27 (2017 Replacement Volume and 2024 Supplement)

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

30 **Article – Health – General**

31 15–141.2.

32 (a) (7) (i) “Telehealth” means the delivery of medically necessary somatic,  
33 dental, or behavioral health services to a patient at an originating site by a distant site  
34 provider through the use of technology–assisted communication.

35 (ii) “Telehealth” includes:

36 1. Synchronous and asynchronous interactions;

1   2.     [From July 1, 2021, to June 30, 2025, both inclusive, an]  
2     **AN** audio-only telephone conversation between a health care provider and a patient that  
3     results in the delivery of a billable, covered health care service; and

4   3.     Remote patient monitoring services.

5   (iii)   “Telehealth” does not include the provision of health care  
6     services solely through:

7   1.     Except as provided in subparagraph (ii)2 of this  
8     paragraph, an audio-only telephone conversation;

9   2.     An e-mail message; or

10                                        3.     A facsimile transmission.

11             (g)   (1)   Subject to paragraph (3) of this subsection, the Program shall  
12     reimburse a health care provider for the diagnosis, consultation, and treatment of a  
13     Program recipient for a health care service covered by the Program that can be  
14     appropriately provided through telehealth.

15   (2)   This subsection does not require the Program to reimburse a health  
16     care provider for a health care service delivered in person or through telehealth that is:

17   (i)    Not a covered health care service under the Program; or

18   (ii)   Delivered by an out-of-network provider unless the health care  
19     service is a self-referred service authorized under the Program.

20   (3)   (i)   [From July 1, 2021, to June 30, 2025, both inclusive, when]  
21     **WHEN** appropriately provided through telehealth, the Program shall provide  
22     reimbursement in accordance with paragraph (1) of this subsection on the same basis and  
23     the same rate as if the health care service were delivered by the health care provider in  
24     person.

25   (ii)   The reimbursement required under subparagraph (i) of this  
26     paragraph does not include:

27   1.     Clinic facility fees unless the health care service is  
28     provided by a health care provider not authorized to bill a professional fee separately for  
29     the health care service; or

30   2.     Any room and board fees.

31     **19-108.6.**

1 ON OR BEFORE DECEMBER 1 EVERY 4 YEARS, BEGINNING IN 2026, THE  
 2 COMMISSION SHALL SUBMIT A REPORT TO THE GOVERNOR AND, IN ACCORDANCE  
 3 WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY  
 4 THAT INCLUDES:

5 (1) ADVANCES OR DEVELOPMENTS IN THE AREA OF TELEHEALTH,  
 6 INCLUDING:

7 (I) EVOLVING MODALITIES OF TELEHEALTH DELIVERY; AND

8 (II) CHANGES IN THE COSTS OF DELIVERING TELEHEALTH  
 9 SERVICES; AND

10 (2) ANY FINDINGS OR RECOMMENDATIONS OF THE COMMISSION.

11 Article – Health Occupations

12 1-1003.

13 (a) A health care practitioner providing telehealth services shall:

14 (1) Be held to the same standards of practice that are applicable to  
 15 in-person health care settings; and

16 (2) If clinically appropriate for the patient, provide or refer a patient to  
 17 in-person health care services or another type of telehealth service.

18 (b) (1) A health care practitioner shall perform a clinical evaluation that is  
 19 appropriate for the patient and the condition with which the patient presents before  
 20 providing treatment or issuing a prescription through telehealth.

21 (2) A health care practitioner may use a synchronous telehealth interaction  
 22 or an asynchronous telehealth interaction to perform the clinical evaluation required under  
 23 paragraph (1) of this subsection.

24 (c) (1) A health care practitioner may not prescribe an opiate described in the  
 25 list of Schedule II substances under § 5-403 of the Criminal Law Article for the treatment  
 26 of pain through telehealth, unless:

27 (i) The individual receiving the prescription is a patient in a health  
 28 care facility, as defined in § 19-114 of the Health – General Article; [or]

29 (ii) The Governor has declared a state of emergency due to a  
 30 catastrophic health emergency; OR

1                    (III) THERE IS AN ESTABLISHED BONA FIDE  
2 PRACTITIONER-PATIENT RELATIONSHIP IN WHICH THE HEALTH CARE  
3 PRACTITIONER HAS ONGOING RESPONSIBILITY FOR THE ASSESSMENT, CARE, AND  
4 TREATMENT OF THE PATIENT AND THE HEALTH CARE PRACTITIONER, OR ANOTHER  
5 HEALTH CARE PRACTITIONER IN THE SAME GROUP PRACTICE, PREVIOUSLY  
6 CONDUCTED AN IN-PERSON ASSESSMENT OF THE PATIENT.

7                    (2) Subject to paragraph (1) of this subsection, a health care practitioner  
8 who through telehealth prescribes a controlled dangerous substance, as defined in § 5-101  
9 of the Criminal Law Article, is subject to any applicable regulation, limitation, and  
10 prohibition in federal and State law relating to the prescription of controlled dangerous  
11 substances.

## 12                    Article – Insurance

13 15–139.

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

19                    (2)    “Telehealth” includes [from July 1, 2021, to June 30, 2025, both  
20 inclusive,] an audio-only telephone conversation between a health care provider and a  
21 patient that results in the delivery of a billable, covered health care service.

22                    (3)    “Telehealth” does not include:

23                    (i)    except as provided in paragraph (2) of this subsection, an  
24 audio-only telephone conversation between a health care provider and a patient;

25                    (ii)   an electronic mail message between a health care provider and a  
26 patient; or

27                    (iii) a facsimile transmission between a health care provider and a  
28 patient.

29                    (b)    This section applies to:

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

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

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

5 (i) shall provide coverage under a health insurance policy or  
6 contract for health care services appropriately delivered through telehealth regardless of  
7 the location of the patient at the time the telehealth services are provided;

8 (ii) may not exclude from coverage a health care service solely  
9 because it is provided through telehealth and is not provided through an in-person  
10 consultation or contact between a health care provider and a patient; and

11 (iii) may not exclude from coverage or deny coverage for a behavioral  
12 health care service that is a covered benefit under a health insurance policy or contract  
13 when provided in person solely because the behavioral health care service may also be  
14 provided through a covered telehealth benefit.

15 (2) The health care services appropriately delivered through telehealth  
16 shall include counseling and treatment for substance use disorders and mental health  
17 conditions.

18 (d) (1) Subject to paragraph (2) of this subsection, an entity subject to this  
19 section:

20 (i) shall reimburse a health care provider for the diagnosis,  
21 consultation, and treatment of an insured patient for a health care service covered under a  
22 health insurance policy or contract that can be appropriately provided through telehealth;

23 (ii) is not required to:

24 1. reimburse a health care provider for a health care service  
25 delivered in person or through telehealth that is not a covered benefit under the health  
26 insurance policy or contract; or

27 2. reimburse a health care provider who is not a covered  
28 provider under the health insurance policy or contract; and

29 (iii) 1. may impose a deductible, copayment, or coinsurance  
30 amount on benefits for health care services that are delivered either through an in-person  
31 consultation or through telehealth;

32 2. may impose an annual dollar maximum as permitted by  
33 federal law; and

34 3. may not impose a lifetime dollar maximum.

1 (2) (i) [From July 1, 2021, to June 30, 2025, both inclusive, when]  
2 **WHEN** a health care service is appropriately provided through telehealth, an entity subject  
3 to this section shall provide reimbursement in accordance with paragraph (1)(i) of this  
4 subsection on the same basis and at the same rate as if the health care service were  
5 delivered by the health care provider in person.

6 (ii) The reimbursement required under subparagraph (i) of this  
7 paragraph does not include:

8 1. clinic facility fees unless the health care service is  
9 provided by a health care provider not authorized to bill a professional fee separately for  
10 the health care service; or

11 2. any room and board fees.

12 (iii) This paragraph may not be construed to supersede the authority  
13 of the Health Services Cost Review Commission to set the appropriate rates for hospitals,  
14 including setting the hospital facility fee for hospital–provided telehealth.

15 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
16 1, 2025.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.