

SENATE BILL 372

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CF HB 869

By: Senators Beidle, Gile, Kramer, Lam, ~~and Mautz~~ Mautz, Ellis, Hayes, Hershey, C. Jackson, Ready, and A. Washington

Introduced and read first time: January 17, 2025

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: February 7, 2025

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; requiring the Maryland Health Care Commission
12 to submit a certain report regarding telehealth every certain number of years; and
13 generally relating to the coverage and reimbursement of health care services
14 delivered through telehealth.

15 BY repealing and reenacting, with amendments,
16 Article – Health – General
17 Section 15–141.2(a)(7) and (g)
18 Annotated Code of Maryland
19 (2023 Replacement Volume and 2024 Supplement)

20 BY adding to
21 Article – Health – General
22 Section 19–108.6

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.



1 Annotated Code of Maryland
 2 (2023 Replacement Volume and 2024 Supplement)

3 BY repealing and reenacting, with amendments,
 4 Article – Insurance
 5 Section 15–139(a) and (d)
 6 Annotated Code of Maryland
 7 (2017 Replacement Volume and 2024 Supplement)

8 BY repealing and reenacting, without amendments,
 9 Article – Insurance
 10 Section 15–139(b) and (c)
 11 Annotated Code of Maryland
 12 (2017 Replacement Volume and 2024 Supplement)

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

15 **Article – Health – General**

16 15–141.2.

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

20 (ii) “Telehealth” includes:

21 1. Synchronous and asynchronous interactions;

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

25 3. Remote patient monitoring services.

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

28 1. Except as provided in subparagraph (ii)2 of this
 29 paragraph, an audio–only telephone conversation;

30 2. An e–mail message; or

31 3. A facsimile transmission.

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

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

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

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

(3) (i) [From July 1, 2021, to June 30, 2025, both inclusive, when] **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.

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

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

2. Any room and board fees.

19-108.6.

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

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

(I) EVOLVING MODALITIES OF TELEHEALTH DELIVERY; AND

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

(2) ANY FINDINGS OR RECOMMENDATIONS OF THE COMMISSION.

1 15–139.

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

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

10 (3) “Telehealth” does not include:

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

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

15 (iii) a facsimile transmission between a health care provider and a
16 patient.

17 (b) This section applies to:

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

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

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

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

28 (ii) may not exclude from coverage a health care service solely
29 because it is provided through telehealth and is not provided through an in–person
30 consultation or contact between a health care provider and a patient; and

31 (iii) may not exclude from coverage or deny coverage for a behavioral
32 health care service that is a covered benefit under a health insurance policy or contract

1 when provided in person solely because the behavioral health care service may also be
2 provided through a covered telehealth benefit.

3 (2) The health care services appropriately delivered through telehealth
4 shall include counseling and treatment for substance use disorders and mental health
5 conditions.

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

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

11 (ii) is not required to:

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

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

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

20 2. may impose an annual dollar maximum as permitted by
21 federal law; and

22 3. may not impose a lifetime dollar maximum.

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

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

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

33 2. any room and board fees.

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

4 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
 5 1, 2025.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.