

Chapter 481

(Senate Bill 372)

AN ACT concerning

Preserve Telehealth Access Act of 2025

FOR the purpose of repealing 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 by the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations; repealing 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 on a certain basis and at a certain rate; altering the circumstances under which health care practitioners are authorized to prescribe certain controlled dangerous substances for the treatment of pain through telehealth; requiring the Maryland Health Care Commission to submit a certain report regarding telehealth every certain number of years; and generally relating to the coverage and reimbursement of health care services delivered through telehealth.

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

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

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

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

BY repealing and reenacting, without amendments,

Article – Insurance

Section 15–139(b) and (c)

Annotated Code of Maryland

(2017 Replacement Volume and 2024 Supplement)

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

Article – Health – General

15–141.2.

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

(ii) “Telehealth” includes:

1. Synchronous and asynchronous interactions;

2. [From July 1, 2021, to June 30, 2025, both inclusive, an]
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; and

3. Remote patient monitoring services.

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

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

2. An e–mail message; or

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.

Article – Health Occupations

1-1003.

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

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

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

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

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

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

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

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

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

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

Article – Insurance

15-139.

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

(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.

(3) “Telehealth” does not include:

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

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

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

(b) This section applies to:

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

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

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

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

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

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

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

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

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

(ii) is not required to:

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

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

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

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

3. may not impose a lifetime dollar maximum.

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

(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.

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

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

Approved by the Governor, May 13, 2025.