

**SB 534\_Preserve Telehealth Act - BHSB\_FAVORABLE.pd**

Uploaded by: Dan Rabbitt

Position: FAV



February 22, 2023

**Senate Finance Committee**  
**TESTIMONY IN SUPPORT**

*SB 534 – Preserve Telehealth Access Act of 2023*

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 78,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

**Behavioral Health System Baltimore supports SB 534 – Preserve Telehealth Access Act of 2023.** This commonsense bill extends the sunset on audio-only telehealth reimbursement and telehealth payment parity at a time when the long-term opportunities and considerations of telehealth behavioral health care are still unclear. The sunset extension will provide the state with additional time to assess the impact of telehealth on consumer access and choice, ultimately contributing to a stronger 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.

A further assessment of Maryland’s behavioral health telehealth policies is prudent. The marketplace is still disrupted by the pandemic and resulting workforce shortage. Maryland should seek policies that maintain access and give beneficiaries the choice of audio-only telehealth, video telehealth, and in-person services. Forthcoming recommendations from the federal government required by the Bipartisan Safer Communities Act will help, along with more time to assess Maryland’s unique experiences. **We urge a favorable report of SB 534 to extend these telehealth policies for two more years.**

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

# **Legal Action Center Testimony SB 534\_Preserve Tele**

Uploaded by: Ellen Weber

Position: FAV

**Preserve Telehealth Access Act of 2023 (SB 534)  
Finance Committee Hearing  
February 22, 2023  
FAVORABLE**

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Thank you for the opportunity to submit testimony **in support of SB 534** to extend the coverage of audio-only telehealth and payment parity for both audio-only and audio-visual telehealth in private and public insurance for two years pending a study on payment parity. This testimony is submitted on behalf of the Legal Action Center, a law and policy organization that fights discrimination, builds health equity and restores opportunities for individuals with substance use disorders, arrest and conviction records, and HIV or AIDs. In Maryland, we convene the Maryland Parity Coalition and work with our 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 (Parity Act). **Continuation of existing telehealth standards is a top priority of the Maryland Parity Coalition.**

In 2021, the Maryland Parity Coalition advocated for comprehensive telehealth services, and members participated actively in the Maryland Health Care Commission's (MHCC) telehealth study, the basis of SB 534's recommendations. The MHCC's findings capture the on-the-ground experience of the Coalition's consumer and provider members. **The study highlights the critical importance of telehealth services for MH and SUD care and overwhelming support for "maintain[ing] a choice of care modalities, including audio-only, audio-visual, and in-person visits."**<sup>1</sup> Among Maryland's mental health and substance use disorder providers:

- The vast majority use audio-visual telehealth (98%) and audio-only telehealth (67%) and would like to increase their use of telehealth services.
- Virtually all – 97% - found that both modes of telehealth improve access to care, particularly for patients who might otherwise face access-related barriers.
- The vast majority believe that audio-visual (89%) and audio-only (60%) are as good as in-person services.<sup>2</sup>

**Research reinforces the MHCC's findings that audio-only telehealth is effective for many MH and SUD services<sup>3</sup> and must be continued, pending infrastructure development, to ensure equity.** Ending coverage of audio-only treatment would hinder access to care and exacerbate health disparities for rural, older, lower-income, non-English speaking, and Black and brown populations due to on-going structural gaps in accessing in-person and audio-visual telehealth services.<sup>4</sup>

**Continuation of audio-only telehealth is also essential to align with federal standards for the treatment of opioid use disorder (OUD) in clinical settings.** The Substance Abuse and Mental Health Services Administration (SAMHSA) has recently issued proposed rules for medications for opioid use disorder (MOUD) that would permit, *on a permanent basis*, initiation of buprenorphine treatment via audio-visual and

audio-only telehealth and methadone treatment via audio-visual telehealth.<sup>5</sup> The Drug Enforcement Administration (DEA), which issued a temporary exception to permit prescribing of controlled substances via telehealth during the federal COVID public health emergency, is expected to issue regulations to authorize the prescribing of MOUD via telehealth.

**Continuing payment parity for both public and private payer is necessary to meet the cost of care delivery and ensure that telehealth remains available to all Marylanders without regard to income, race, or place of residence.** As MHCC reported, for MH and SUD providers, “audio-only and audio-visual telehealth requires the same provider effort and fixed costs...as in-person costs,”<sup>6</sup> including office related expenses and administrative costs. Research supports the conclusion that clinical effort, malpractice expenses, and fixed costs for practitioners who deliver in-person and telehealth services remain the same across service delivery modes.<sup>7</sup> Small and solo practices – common in the MH and SUD care context – and those in underserved communities that are not highly resourced are least able to support telehealth without adequate reimbursement.<sup>8</sup> **Marylanders who do not have the financial resources, technical ability, or broadband availability to use audio-visual telehealth would have far more limited care access absent payment parity:** 70% of MH and SUD providers reported that low reimbursement from commercial payers is a barrier to providing audio-only services, and 40% indicated that lack of reimbursement would be a reason for discontinuing audio-only services.<sup>9</sup>

Finally, as the General Assembly moves forward to continue audio-only telehealth and payment parity in both public and private insurance until June 2025, **we urge the General Assembly to continue to protect the right of Marylanders to choose the mode of service delivery that is most appropriate for them – telehealth, in-person or a hybrid approach.** Maryland law protects this right for those seeking MH or SUD services (INS. § 15-139(c)(1)(iii); HEALTH GEN. § 15-141.2(d)(2)), and those protections should not be altered.

While telehealth is critically important for accessing MH and SUD care, the majority of MH and SUD outpatient care is still delivered in person. The share of MH and SUD outpatient visits delivered via telehealth reached a peak of 40% during the pandemic (at varying rates for different conditions).<sup>10</sup> Since that time, practitioners who treated patients with opioid use disorder reported a decline in telehealth use from December 2020 to March 2022 – going from 56.7% to 41.5% of all OUD visits.<sup>11</sup> Telehealth is an important complement to in-person care but will not replace in person care. **Adequate protections must remain in place to ensure robust availability of in-person MH and SUD services in public and private insurance.**

Thank you for considering our views. We urge the Committee to issue a favorable report on SB 534.

Ellen M. Weber, J.D.  
Sr. Vice President for Health Initiatives  
Legal Action Center  
[eweber@lac.org](mailto:eweber@lac.org)  
202-607-1047 (c)  
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<sup>1</sup> NORC, Technical Report of the Maryland Telehealth Study (Oct. 28, 2022) at 16. Finding that “[t]here was consensus that telehealth offered greater access to behavioral health, fostering immediate access to patients in crisis, reducing transportation barriers, improving ease of scheduling, and allowing increased flexibility for patients and providers. Provider organization participants further noted that telehealth decreased no-show rates and lapses in care for ongoing mental health treatment.”

[https://mhcc.maryland.gov/mhcc/pages/hit/hit\\_telemedicine/documents/hit\\_norc\\_technical\\_rpt.pdf](https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/hit_norc_technical_rpt.pdf)

<sup>2</sup> NORC at 18-20.

<sup>3</sup> See Madeline C. Frost et al., “Use of and Retention on Video, Telephone, and In-Person Buprenorphine Treatment for Opioid Use Disorder During the COVID-19 Pandemic,” JAMA Network Open (Oct. 12, 2022), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797201>; Patricia V. Chen et al., “Evidence of Phone vs Video-Conferencing for Mental Health Treatments: A Review of the Literature,” Curr. Psychiatry Rep. (Sept. 2, 2022), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9437398/>; Lauren Riedel et al., “Use of Telemedicine for Opioid Use Disorder Treatment – Perceptions and Experiences of Opioid Use Disorder Clinicians,” Drug & Alcohol Dependence (Nov. 1, 2021),

[https://www.sciencedirect.com/science/article/abs/pii/S0376871621004944?dgcid=rss\\_sd\\_all](https://www.sciencedirect.com/science/article/abs/pii/S0376871621004944?dgcid=rss_sd_all).

<sup>4</sup> NORC, *supra* note 2 at 24; Impacts of Eliminating Audio-Only Care on Disparities in Telehealth Accessibility,” J. Gen. Internal Med. (Apr. 11, 2022),

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8999992/pdf/11606\\_2022\\_Article\\_7570.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8999992/pdf/11606_2022_Article_7570.pdf); and Sarah Bhatnager et al., “The Future of Telehealth after COVID-19: New Opportunities and Challenges,” Bipartisan Policy Center (October 2022), <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2022/09/BPC-The-Future-of-Telehealth-After-COVID-19-October-2022.pdf>;

<sup>5</sup> Dept. of Health and Human Services, Medications for the Treatment of Opioid Use Disorder, 87 FED. REG. 77330, 77336-37 and Sec. 8.12(f)(2)(v) (Dec. 16, 2022).

<sup>6</sup> NORC at 46.

<sup>7</sup> Chad Ellimoottil, “Understanding the Case for Telehealth Payment Parity,” Health Affairs Forefront (May 10, 2021), <https://www.healthaffairs.org/doi/10.1377/forefront.20210503.625394/full/>

<sup>8</sup> Andrew C. Philip et al., “Getting Beyond Parity: Telehealth as a Best Practice in Health Equity,” Telehealth & Medicine Today (Jan. 31, 2022), <https://telehealthandmedicinetoday.com/index.php/journal/article/view/303/611>; and Ellimoottil.

<sup>9</sup> NORC at 47-48.

<sup>10</sup> Justin Lo et al., “Telehealth Has Played an Outsized Role Meeting Mental Health Needs During the COVID-19 Pandemic,” Kaiser Family Foundation (Mar. 15, 2022), <https://www.kff.org/coronavirus-covid-19/issue-brief/telehealth-has-played-an-outsized-role-meeting-mental-health-needs-during-the-covid-19-pandemic/>

<sup>11</sup> Lori Uscher-Pines, et al., “Many Clinicians Implement Digital Equity Strategies to Treat Opioid Use Disorder,” 42 Health Affairs 182, 183 (Feb. 2023), <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2022.00803>.

**SB534\_PreserveTelehealthAccessAct2023\_Support.pdf**

Uploaded by: Erin Dorrien

Position: FAV



Maryland  
Hospital Association

## Senate Bill 534 - Preserve Telehealth Access Act of 2023

**Position: *Support***  
February 22, 2023  
Senate Finance Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 534.

Telehealth improves access to care and health outcomes. When COVID-19 led many Marylanders to stay home, health care providers turned to telehealth to deliver care remotely and keep patients and caregivers safe. From Western Maryland to Baltimore City and the Eastern Shore, patients used telehealth to maintain continuity of care. Emergency federal and state waivers allowed health care providers to ramp up telehealth quickly. These services were universally supported by patients and hospital caregivers. In many ways, telehealth is the “silver lining” of the COVID-19 pandemic. We have all seen first-hand what health care and policy experts know—telehealth broadens access to care, improves patient outcomes and satisfaction, and chips away at health inequities.

### **Quite simply, telehealth works for Marylanders.**

MHA led a coalition in 2021 that helped pass the Preserve Telehealth Access Act of 2021 ([SB 3 / HB 123](#)). This critical legislation lowered barriers to delivering 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, 2023.

Although telehealth use has slowed nationwide since the height of the COVID-19 public health emergency (PHE), patients continue to use telehealth services—including audio-only—at stable levels higher than pre-PHE numbers.<sup>1</sup> That is why reimposing barriers to telehealth will not be a return to normal. It would be an undeniable step backwards for Maryland's commitment to furthering health care access and addressing widespread health inequities.

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<sup>1</sup> Healthcare Law Insights. Chew, Kimberly; Luong, Karen; Summer, Natasha. “Telehealth's Post-Pandemic Growth Trajectory.” [healthcarelawinsights.com/2022/10/telehealths-post-pandemic-growth-trajectory/](https://healthcarelawinsights.com/2022/10/telehealths-post-pandemic-growth-trajectory/) (accessed February 18, 2023).



Senate Bill 534 builds on the success of the Preserve Telehealth Access Act of 2021 and extends the sunset provisions for audio-only modalities and reimbursement parity for two years until June 30, 2025.

To fully address health equity in telehealth, the value of audio-only telehealth cannot be overstated. 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 for telehealth services for the first time during the pandemic. This allows providers to sustainably deliver the services. 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.

MHA supports the sponsor amendments to require the Maryland Health Care Commission (MHCC) to study audio-only usage and reimbursement parity across the spectrum of health care and throughout Maryland, especially in areas where some somatic specialties are limited. We are eager to assist MHCC staff and their consultants by providing data and member experiences with audio-only telehealth in both somatic and behavioral health spaces. We are also available to assist with information on the cost of providing care through telehealth to further inform their charge to study reimbursement parity for all types of telehealth services. MHA has full faith in MHCC's dedication and commitment to advance access to as broad an array of health care services as possible for all Marylanders via digitally inclusive means and look forward to their partnership.

For these reasons we respectfully request a *favorable* report on SB 534.

For more information, please contact:  
Erin Dorrien, Vice President, Policy  
Edorrien@mhaonline.org

# **Telehealth - The Difference Between Medically Nece**

Uploaded by: Erin Dorrien

Position: FAV

# TELEHEALTH: THE DIFFERENCE BETWEEN MEDICALLY NECESSARY CARE AND NO CARE AT ALL

Maryland took great strides to enhance access to telehealth services with the Preserve Telehealth Access Act of 2021. However, the Act calls for provisions for audio-only coverage and reimbursement parity to sunset. If these provisions are not extended in 2023, care provided via telehealth could be reimbursed less than in-person services, and access to clinically appropriate services delivered over the phone could be denied. Without action, access to services that Marylanders have come to depend on would be jeopardized.

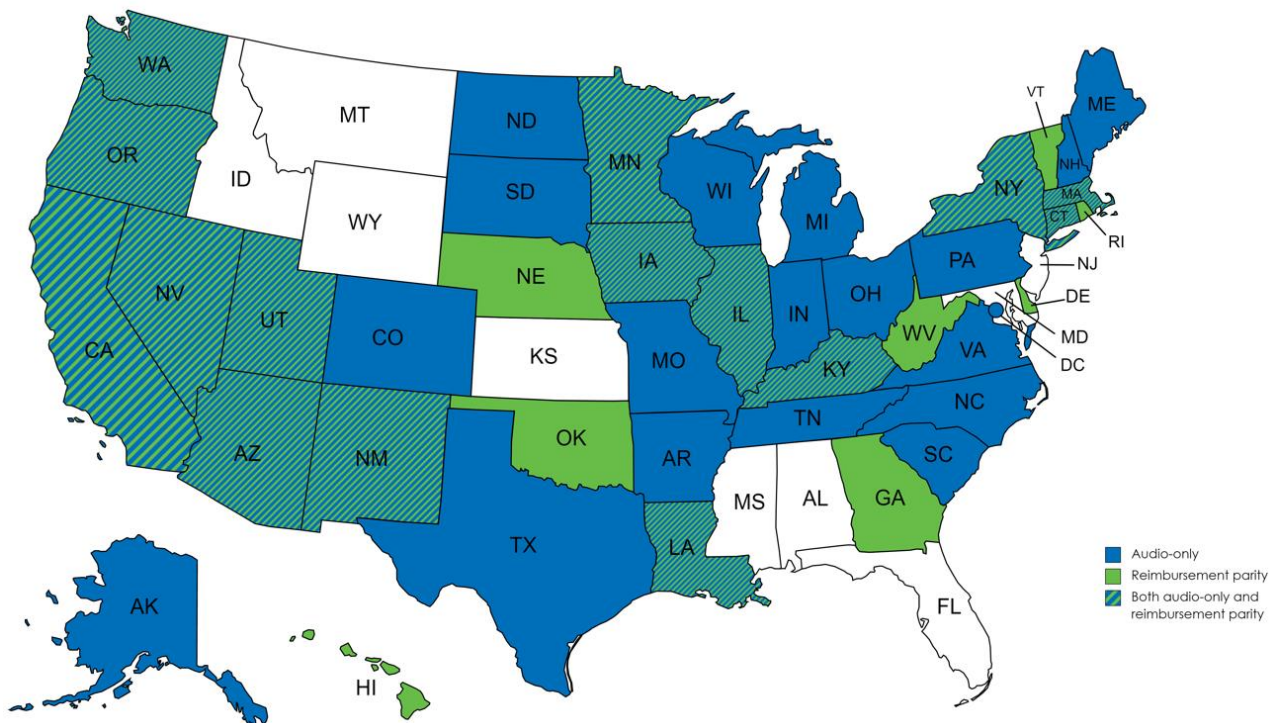
## MARYLANDERS DESERVE THE FULL RANGE OF TELEHEALTH SERVICES

**Audio-only access is a matter of equity.** Lacking smart devices or affordable broadband, many Marylanders rely on phone lines to communicate. One-third of Maryland households without internet earn less than \$20,000, and communities of color are disproportionately represented.

**Eliminating reimbursement parity is a step backward.** Studies have shown the quality of care is the same regardless of the modality. Paying less for telehealth will cut telehealth availability. People hurt the most will be those who don't have easy access to transportation to get to appointments.

**34** states allow for audio-only telehealth coverage

**23** states have private payer reimbursement parity for telehealth services



HOW YOU CAN HELP

# SUPPORT SENATE BILL 534!

For more information, contact Erin Dorrien ([edorrien@mhaonline.org](mailto:edorrien@mhaonline.org)).

# **SB534 - Johns Hopkins - Support.pdf**

Uploaded by: Helen Hughes

Position: FAV

**SB 534**

**Favorable**

**TO:** The Honorable Melony Griffith, Chair  
Finance Committee

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

**DATE:** February 22, 2023

**RE:** SB 534 – PRESERVE TELEHEALTH ACCESS ACT OF 2023

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Johns Hopkins supports **SB 534 – Preserve Telehealth Access Act of 2023**. This bill extends reimbursement of audio-only telehealth and parity reimbursement to June 30, 2025. Johns Hopkins is considered an expert in the field of telehealth, having delivered more than 1.6 million telemedicine visits since the beginning of the COVID-19 pandemic.

Even before the pandemic, there has been increasing recognition that telehealth is a tool to address physician shortages, expand access to numerous types of care including behavioral health services, 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 2021, is essential to address the health care needs of Marylanders. Johns Hopkins data proves access to this tool is an issue of equity. Since the beginning of the pandemic, use of video compared to audio-only telehealth modalities has shown potentially meaningful disparities in access between different populations of patients. Approximately 17% of our telemedicine visits have been completed using audio-only modalities, but the use of this tool is not evenly distributed. Over the past 3 years [3/1/20-2/17/23], our commercially insured patients have completed only 7% of telemedicine visits via audio-only, compared to 28% for patients with Medicaid and 27% for patients with Medicare coverage. Recently, in the last 3 months of 2022, our commercially insured patient audio-only rate has dropped to 4%, however our Medicaid and Medicare audio-only rates have remained disproportionately elevated at 27% and 17%, respectively. We share the disparities of the payers for the use of audio-only to highlight the Marylanders using audio-only are disproportionately Medicaid-enrolled or older adults. Additionally, patients in rural Maryland counties and in predominantly Black neighborhoods in East and West Baltimore are more likely to use audio-only telehealth services. The data clearly show access to audio-only telehealth is an important tool for health equity. Eliminating access to audio-only care would mean eliminating a meaningful portion of access to health care in general for these Marylanders.

## Government and Community Affairs

Further, in an environment of high provider burnout, limited access to specialists, and staffing shortages, it is important to appropriately value the time that providers spend delivering care to patients. We support extension of telehealth reimbursement parity as part of SB534. As of the 2021 CMS Physician Fee Schedule, which recognized that indirect (non face-to-face) time on the same day of service should be part of the total billable time. In this 2021 rule, CMS acknowledged that valuing the amount of “work” that has gone into a visit goes well beyond the direct time spent with the patient – and that pre and post visit time, regardless of the physical location of the patient or provider, is equally important and valuable. We believe this assertion also applies to telehealth services. Continuing reimbursement parity will ensure provider work continues to be appropriately valued and patients will continue to have access to telehealth services.

One remarkable feature of telehealth is the ability to provide quality care without sacrificing patient satisfaction. Johns Hopkins conducted patient surveys of their experience with telehealth overall and 9 out of 10 patients said they were moderately to extremely likely to recommend telehealth to a friend or family. Patient testimonials expressed appreciation for telehealth because of the efficiency, safety and flexibility this tool provides.

Johns Hopkins, and the entire world, has rapidly adapted to a largely virtual environment. Telehealth has been an essential tool as the world changes. This tool has enabled continuity of care for patients in need, engaging patients in care for the first time and likely saved lives. To roll back the use of telehealth at this point would be detrimental to patients’ health and safety.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB534**.

**SB534-CBH-FAV.pdf**

Uploaded by: Lori Doyle

Position: FAV



**Testimony on SB 534**  
**Preserve Telehealth Access Act of 2023**  
Senate Finance Committee  
February 22, 2023  
**POSITION: SUPPORT**

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of vulnerable Marylanders. Our 110 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

The combined impacts of the COVID pandemic and a workforce crisis that predated the pandemic require creative solutions – including the expanded use of technology – in order to meet current and projected demand for behavioral health services. The use of video and audio-only telehealth has proven invaluable in serving those with mental health and substance use disorders who otherwise would have foregone the treatment and support services that help avert the use of higher – and more expensive – levels of care.

It is critical that audio-only telehealth be allowed to continue since many of our clients 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 supports through audio-only telehealth these individuals will face great difficulty in accessing needed medications and therapy.

We are also supportive of the continuation of rate parity between services provided through telehealth and those conducted in-person. The licensure and documentation requirements remain the same regardless of the mode of communication. In fact, the use of telehealth helps us to most efficiently use our scarce human resources to meet the increased behavioral health demand. Our workforce crisis is very real. Forcing lower rates for the use of telehealth would jeopardize our ability to maintain our already stretched staff and likely cause providers to eliminate telehealth as an option.

CBH has surveyed its members over the past two years to determine the impact of telehealth on our organizations, their staff, and those served. Our surveys show a high satisfaction rate among both staff and clients regarding telehealth services. We have also seen no-show rates plummet as those who struggled with transportation challenges, restrictive work schedules, and child care are now able to take advantage of the flexibility that telehealth provides.

Telehealth – both audio-visual and audio-only – have changed the service delivery landscape and allowed those with serious behavioral health disorders to access care. It has also allowed providers to make the most efficient use of a stretched workforce.

We urge a favorable report on SB 534.

*For more information contact Lori Doyle, Public Policy Director, at (410) 456-1127 or [lori@mdcbh.org](mailto:lori@mdcbh.org).*



# **NASW Maryland - 2023 SB 534 FAV - Telehealth Acces**

Uploaded by: Mary Beth DeMartino

Position: FAV

**Senate Finance Committee**  
**Senate BILL 534: Preserve Telehealth Access Act of 2023**

**Support**

**February 22, 2023**

Maryland's Chapter of the National Association of Social Workers represents social workers across the state. We support Senate Bill 534 and urge you to vote in favor of authorizing continued reimbursement for telehealth access by way of continued inclusion of audio-only telephone conversations as a reimbursed healthcare service to 2025 and beyond.

This bill touches on a significant equity issue. Providers experience clients who have malfunctions that require audio-only psychotherapy sessions because their phones overheat, the sound or something else fails on computer systems, or their internet goes down. Many of the clients are technologically challenged, are not native to using technology, are older, or do not consistently use video capabilities to receive healthcare. 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.

Please continue this vital service. Please vote yes on SB 534.

Sincerely,

Members of The Private Practice Committee  
National Association of Social Workers–Maryland

**2023 ACNM SB 534 Senate Side.pdf**

Uploaded by: Michael Paddy

Position: FAV



**Committee:** Senate Finance Committee  
**Bill Title:** Senate Bill 534 – Preserve Telehealth Act of 2023  
**Hearing Date:** February 22, 2023  
**Position:** Support

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) strongly supports *Senate Bill 534 – Preserve Telehealth Act of 2023*. The bill is critical for ensuring that reimbursement continues to support telehealth services for our patients.

In providing services to women, certified nurse-midwives (CNMs) and other health care practitioners can use telehealth technology to increase access to care. Some examples are:

- **Hypertension – Prenatal and Post-Partum:** Telehealth, including remote patient monitoring, is a strategy for addressing hypertension for women in both prenatal and postpartum care. It allows for more frequent monitoring and clinical intervention than regular in-person visits.<sup>i</sup> A recent peer-reviewed research study showed that remote patient monitoring reduced prenatal admissions and induced labor for women with gestational hypertension.<sup>ii</sup>
- **Lowering Pregnancy Stress:** The Mayo Clinic’s “OB Nest” program, which includes several uses of telehealth communication resulted in lower pregnancy stress and higher patient satisfaction.<sup>iii</sup>
- **PrEP:** Telehealth is being used to increase access to PrEP.<sup>iv</sup>

We need consistent and fair reimbursement rules in order to continue to implement telehealth innovation across the health care spectrum, including somatic, behavioral health, and dental. We ask for a favorable report. If we can provide any further assistance, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443

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<sup>i</sup> Hoppe, Kara et al. Telehealth with remote blood pressure monitoring for postpartum hypertension: A prospective single-cohort feasibility study. *Pregnancy Hypertension*. [Volume 15](#), January 2019, Pages 171-176.

<sup>ii</sup> Lanssens, Dorien et al. The impact of a remote monitoring program on the prenatal follow-up of women with gestational hypertensive disorders. [Obstetrics & Gynecology and Reproductive Biology](#) [Volume 223](#), April 2018.

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<sup>iii</sup> Butler Tobah, Yvonne et al. Randomized comparison of a reduced-visit prenatal care model enhanced with remote monitoring. American Journal of Obstetrics and Gynecology. December 2019.

<sup>iv</sup> Touger, R. & Wood, B.R. Curr HIV/AIDS Rep (2019) 16: 113. <https://doi.org/10.1007/s11904-019-00430-z>.

**SB0534\_Written\_Testimony.pdf**

Uploaded by: Shruti Police

Position: FAV



**TESTIMONY IN SUPPORT OF SENATE BILL 534**

**Preserve Telehealth Access Act of 2023**

Before the Senate Finance Committee

By Shruti Police, Intern, Maryland Citizens' Health Initiative, Inc.

February 22, 2023

Chair Griffith, Vice-Chair Klausmeier, and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate Bill 534. We also thank Senator Gile for being the lead sponsor for this bill. I am submitting this testimony today as an intern on behalf of our individual organization, Maryland Citizens' Health Initiative, Inc., as we have not reviewed this legislation with the full Maryland Health Care for All! Coalition. Our mission is to ensure that all Marylanders have access to quality affordable health care coverage.

This bill would extend until June 30, 2025, the inclusion of certain audio-only telephone conversations under the definition of “telehealth” for purposes of reimbursement and coverage of telehealth services by the Maryland Medical Assistance Program and other insurers, nonprofit health service plans, and health maintenance organizations. Many Marylanders, especially vulnerable and underserved populations, rely on telehealth to continue to receive care. Audio-only telehealth is especially important because 520,000 Maryland households do not have reliable broadband Internet at home, and close to 290,000 households do not have a desktop, laptop, or tablet.<sup>1</sup> Therefore, SB534 would help protect equitable health care delivery gains in Maryland.

We thank the Committee for its recognized efforts toward improving access to quality, affordable health care for all Marylanders, and for passing the original Preserve Telehealth Access Act in 2021 to include audio-only telehealth. Thanks to you Maryland has one of the top five health care systems in the nation and SB 534 will continue Maryland’s leadership. We urge the Committee to give a favorable report for Senate Bill 534.

**SB 534 Preserve Telehealth Access Act of 2023.pdf**

Uploaded by: Tammy Bresnahan

Position: FAV





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## **SB 534 Preserve Telehealth Access Act of 2023**

**FAVORABLE**

**Senate Finance Committee**

**February 22, 2023**

Good Afternoon Chair Griffith and members of the Senate Finance Committee. My name is Tammy Bresnahan and I am the Senior Director of Advocacy for AARP MD. As you may know, AARP Maryland is one of the largest membership-based organizations in Maryland, encompassing over 850,000 members. I am here today representing AARP MD and its members in support of **SB 534 Preserve Telehealth Access Act of 2023**. We thank Senator Gile for introducing this legislation.

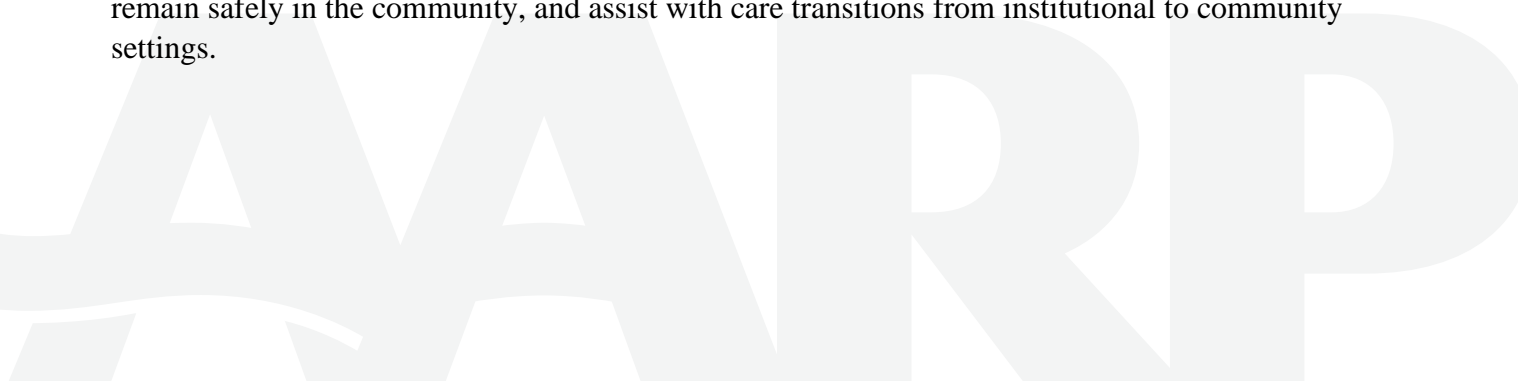
AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

SB 534 extends the date for telehealth services from sunseting in 2023 to 2025.

Telehealth holds great potential for helping older Marylanders looking to maintain their independence and enjoy living at home longer. It offers a range of options to make healthcare easier and more accessible. From tracking vital signs with remote monitoring devices, to communicating easily with a nurse through a web portal, to receiving on-the-spot care from a doctor via video chat, telehealth aims to make life easier.

Telehealth also shows great potential for making healthcare more affordable, convenient, and self-directed, which may explain its rapid growth. For many caregivers, finding time to help manage their older family member's health issues can be difficult. Accompanying family/partners/friends to frequent doctor's appointments, coordinating care, and managing health records can prove challenging. Thankfully, telehealth makes the process easier for both older Marylanders and their caregivers, helping both keep their independence.

AARP MD encourages state governments to pass laws that encourage coverage and payment of telehealth services (including by removing unnecessary restrictions that limit beneficiary access) for eligible beneficiaries to improve access and the quality of care, allow patients to remain safely in the community, and assist with care transitions from institutional to community settings.



AARP supports SB 534 Preserve Telehealth Access Act 2023 and respectfully requests the Finance Committee issue a favorable report. For questions please contact Tammy Bresnahan at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) .

**SB 534\_Telehealth\_SWA.pdf**

Uploaded by: Allison Taylor

Position: FWA



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

February 22, 2023

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

**RE: SB 534 – Support with Amendments**

Dear Chair Griffith and Members of the Committee:

Kaiser Permanente is pleased to support SB 534, Preserve Telehealth Access Act of 2023, with the amendments offered by MHCC.

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.<sup>1</sup> 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. Telehealth tools are proving critical during the COVID-19 pandemic. 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.

We appreciate the work of MHCC to study and make recommendations for the future of telehealth in the state, and we support the amendment to require the Commission to study payment parity for video, audio-only, and in-person appointments and make recommendations by Dec. 1, 2024.

Thank you for the opportunity to comment. Please feel free to contact me at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor  
Director of Government Relations  
Kaiser Permanente

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<sup>1</sup> 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.

# **2023 Legislation - SB 534 Preserve Telehealth Acce**

Uploaded by: David Sharp

Position: FWA

## 2023 SESSION POSITION PAPER

**BILL NO:** SB 534

**COMMITTEE:** Senate Finance Committee

**POSITION:** SUPPORT WITH AMENDMENTS

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**TITLE:** Preserve Telehealth Access Act of 2023

### **BILL ANALYSIS**

*SB 534 - Preserve Telehealth Access Act of 2023* extends through June 30, 2025, certain telehealth coverage and reimbursement provisions passed by the Maryland General Assembly, Chapter 70 (HB 123) and Chapter 71 (SB 3) of the 2021 Laws of Maryland. The bill applies to the Maryland Medical Assistance Program (Medicaid) and certain insurers, nonprofit health service plans, and health maintenance organizations (collectively “carriers”).

### **POSITION AND RATIONALE**

The Maryland Health Care Commission (the “Commission”) supports SB 534 with amendments. The 2021 law temporarily expanded through June 30, 2023, the definition of telehealth to include medically necessary somatic, dental, or behavioral health services to a patient, and removed restrictions on the location of a patient at the time telehealth services are provided. The law requires audio-only telephone conversations between a provider and patient to be reimbursed at the same rate as covered health care services delivered in-person. The Commission was required to study the impact of telehealth as it relates to the use of audio-only and audio-visual technologies in somatic and behavioral health interventions and submit recommendations on telehealth coverage and payment levels relative to in-person care to the Senate Finance Committee and the House Health and Government Operations Committee. The Commission submitted a final recommendations report (“report”).<sup>1</sup>

The COVID-19 public health emergency (“PHE”) created unprecedented demand for telehealth. Carriers made telehealth policy changes building on regulatory actions taken by way of State executive orders and federal waivers. Such actions enabled greater flexibility and operational changes in accessing virtual health care services for both COVID-19 and non-COVID-19 health conditions. The

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<sup>1</sup> *Maryland Health Care Commission*. “Preserve Telehealth Access Act of 2021, Telehealth Recommendations, Final Report – December 16, 2022.” Available at: [mhcc.maryland.gov/mhcc/pages/hit/hit\\_telemedicine/documents/hit\\_tlth\\_study\\_recommendations.pdf](https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/hit_tlth_study_recommendations.pdf).

*Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.*

PHE demonstrated the utility of telehealth and its potential to address disparities in access to care.<sup>2, 3</sup> While telehealth utilization has declined as the PHE regresses, its use remains above pre-PHE levels in Maryland and the nation. Most providers strongly support preserving policy changes originating from the telehealth waivers. Carriers are somewhat reluctant on preserving all waivers until sufficient data are available to measure the long-term impact on quality and cost. The Commission’s report noted that more data is needed to compare telehealth to in-person care and fully understand the impact of using audio-only and audio-visual technologies in somatic and behavioral health.

The telehealth study analyzed data available from MHCC’s All-Payer Claims Data Base (“APCD”) through 2021.<sup>4</sup> Further insights can be derived from analyzing additional claims data. This is necessary to formulate data-driven and evidence-based recommendations to guide future telehealth policy and legislation that takes into consideration the extent telehealth affects quality and cost, and its impact on health equity. The Commission recommends that the bill be amended as follows:

AMENDMENT:

- Page 5, after line 11 insert:

THE MARYLAND HEALTH CARE COMMISSION SHALL STUDY PAYMENT PARITY FOR AUDIO-VISUAL AND AUDIO-ONLY TECHNOLOGIES AND SUBMIT A REPORT TO THE MARYLAND GENERAL ASSEMBLY BY DECEMBER 1, 2024 THAT ADDRESSES THE FOLLOWING:

(A) DOES IT COST MORE OR LESS FOR PROVIDERS TO DELIVER TELEHEALTH;

(B) DOES TELEHEALTH REQUIRE MORE OR LESS CLINICAL EFFORT FOR A PROVIDER;

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<sup>2</sup> Colbert, G. B., Venegas-Vera, A. V., & Lerma, E. V. (2020). “Utility of telemedicine in the COVID-19 era.” *NIH National Library of Medicine Reviews in Cardiovascular Medicine*, 21(4), 583-587. Available at: [pubmed.ncbi.nlm.nih.gov/33388003/](https://pubmed.ncbi.nlm.nih.gov/33388003/).

<sup>3</sup> Chen, J., Li, K. Y., Andino, J., Hill, C. E., Ng, S., Steppe, E., & Ellimoottil, C. (2022). “Predictors of Audio-Only Versus Video Telehealth Visits During the COVID-19 Pandemic.” *Springer Link, Journal of General Internal Medicine*, 37(5), 1138-1144. Available at: [link.springer.com/article/10.1007/s11606-021-07172-y](https://link.springer.com/article/10.1007/s11606-021-07172-y).

<sup>4</sup> APCD data used in the study for commercial payers, Medicaid, and Medicare was for the period 2018 through 2021. Claims level detail for 2021 Medicare data was unavailable; summary level data provided by the Health Services Cost Review Commission to aggregate select data to certain specifications.



(C) ARE THERE ASPECTS OF TELEHEALTH THAT YIELD LOWER VALUE, OVERUSE, OR CONVERSELY GREATER VALUE THAT INFORM THE DEBATE ON PAYMENT PARITY;

(D) THE ADEQUACY OF REIMBURSEMENT FOR BEHAVIORAL HEALTH SERVICES DELIVERED IN-PERSON AND BY TELEHEALTH; AND

(E) ANY OTHER FINDINGS AND RECOMMENDATIONS.





**6c - SB 534 - FIN - MHCC - LOSWA.pdf**

Uploaded by: Maryland State of

Position: FWA

## 2023 SESSION POSITION PAPER

**BILL NO:** SB 534  
**COMMITTEE:** Senate Finance Committee  
**POSITION:** SUPPORT WITH AMENDMENTS

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**TITLE:** Preserve Telehealth Access Act of 2023

### **BILL ANALYSIS**

*SB 534 - Preserve Telehealth Access Act of 2023* extends through June 30, 2025, certain telehealth coverage and reimbursement provisions passed by the Maryland General Assembly, Chapter 70 (HB 123) and Chapter 71 (SB 3) of the 2021 Laws of Maryland. The bill applies to the Maryland Medical Assistance Program (Medicaid) and certain insurers, nonprofit health service plans, and health maintenance organizations (collectively “carriers”).

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AMENDMENT:

- Page 5, after line 11 insert:

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(A) DOES IT COST MORE OR LESS FOR PROVIDERS TO DELIVER TELEHEALTH;

(B) DOES TELEHEALTH REQUIRE MORE OR LESS CLINICAL EFFORT FOR A PROVIDER;

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<sup>3</sup> Chen, J., Li, K. Y., Andino, J., Hill, C. E., Ng, S., Steppe, E., & Ellimoottil, C. (2022). “Predictors of Audio-Only Versus Video Telehealth Visits During the COVID-19 Pandemic.” *Springer Link, Journal of General Internal Medicine*, 37(5), 1138-1144. Available at: [link.springer.com/article/10.1007/s11606-021-07172-y](https://link.springer.com/article/10.1007/s11606-021-07172-y).

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(C) ARE THERE ASPECTS OF TELEHEALTH THAT YIELD LOWER VALUE, OVERUSE, OR CONVERSELY GREATER VALUE THAT INFORM THE DEBATE ON PAYMENT PARITY;

(D) THE ADEQUACY OF REIMBURSEMENT FOR BEHAVIORAL HEALTH SERVICES DELIVERED IN-PERSON AND BY TELEHEALTH; AND

(E) ANY OTHER FINDINGS AND RECOMMENDATIONS.



**SB534 - CareFirst Testimony - Support (1).pdf**

Uploaded by: Tricia Swanson

Position: FWA

Tricia Swanson  
Acting Director  
Government Affairs – Maryland

CareFirst BlueCross BlueShield  
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## SB 534 – Preserve Telehealth Access Act of 2023

### **Position: Favorable with an amendment**

Thank you for the opportunity to provide comments in support of Senate Bill 534. This legislation extends through June 30, 2025, audio-only telehealth coverage and reimbursement provisions passed by the Maryland General Assembly in Chapter 70/Chapter 71 of the 2021 Laws of Maryland. This law requires audio-only telephone conversations between a provider and patient to be reimbursed at the same rate as covered healthcare services delivered in person. In addition to the reimbursement provision, the law required the Maryland Health Care Commission (MHCC) to study the impact of telehealth as it relates to the use of audio-only and audio-visual technologies in somatic and behavioral health interventions and to submit recommendations on telehealth coverage and payment levels relative to in-person care.

The final MHCC Telehealth Recommendations were based on an independent study performed by the National Opinion Research Center (“NORC”). NORC’s evaluation included a literature review, consumer interviews, a provider survey, behavioral health focus groups, and claims analyses. **Based on NORC’s 2-year study and evaluation, the MHCC recommended that payment parity continue for two more years and that the MHCC study and report to the legislature in December 2024 on payment parity for audio-visual and audio-only services.**

As the largest health insurer in the Mid-Atlantic region, CareFirst recognizes telehealth has served as an invaluable lifeline during the pandemic in meeting patients where they are. Telehealth is continuing to evolve and addressing the lack of available data measuring the impact of audio-only and audio-visual technologies in somatic and behavioral healthcare should remain a key focus. It is imperative that the MHCC continue to gather more information that supports the development of evidence-based coverage and payment recommendations. CareFirst believes that affordability, quality care, and value for consumers should be at the forefront of this study.

Ensuring equitable access to high-quality, affordable services across the healthcare continuum will improve health outcomes and advance health equity. Telehealth has the potential to expand access to care, increase affordability, and reduce health disparities. To unlock this potential, the value and outcomes for consumers must be fully understood to define appropriate coverage and reimbursement policies. CareFirst strongly supports the policy goals advanced by Senate Bill 534 and respectfully **requests an amendment that requires the MHCC to study the impacts of audio-visual and audio-only payment parity and report to the legislature.** Increasing access to affordable, high-quality care is central to our mission at CareFirst. We stand ready to support the MHCC’s work.

### **We urge a favorable report with an amendment.**

#### About CareFirst BlueCross BlueShield

*As the largest healthcare insurer in the Mid-Atlantic region, CareFirst provides health insurance products and administrative services to 3.6 million individuals and employers in Maryland, the District of Columbia, and Northern Virginia. We participate in the individual, small group and large employer markets, as well as in Medicare and Medicaid. CareFirst is Maryland’s only nonprofit health service plan and consistent with our not-for-profit mission, we are committed to improving the overall health of the communities we serve, and increasing the accessibility, affordability, safety, and quality of healthcare throughout our service area.*

To learn more about CareFirst BlueCross BlueShield, visit our website at [www.carefirst.com](http://www.carefirst.com) and our transforming healthcare page at [www.carefirst.com/transformation](http://www.carefirst.com/transformation), or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#), or [Instagram](#).

**AMENDMENT:**

- Page 5, after line 11 insert:  
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  - (B) DOES TELEHEALTH REQUIRE MORE OR LESS CLINICAL EFFORT FOR A PROVIDER;
  - (C) ARE THERE ASPECTS OF TELEHEALTH THAT YIELD LOWER VALUE, OVERUSE, OR CONVERSELY GREATER VALUE THAT INFORM THE DEBATE ON PAYMENT PARITY;
  - (D) THE ADEQUACY OF REIMBURSEMENT FOR BEHAVIORAL HEALTH SERVICES DELIVERED IN-PERSON AND BY TELEHEALTH; AND
  - (E) ANY OTHER FINDINGS AND RECOMMENDATIONS.