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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 and our transforming healthcare page at www.carefirst.com/transformation, or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#), or [Instagram](#).

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;
 - (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.