



Maryland
Hospital Association

Senate Bill 534 - Preserve Telehealth Access Act of 2023

Position: *Support as Amended*

March 21, 2023

House Health & Government Operations 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 as amended.

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. Patients and hospital caregivers universally support these services. 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 deliver 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 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.¹ 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.

¹ Healthcare Law Insights. Chew, Kimberly; Luong, Karen; Summer, Natasha. “Telehealth's Post-Pandemic Growth Trajectory.” 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 care. 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 this bill as amended by the Senate 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 as amended.

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