



Date: March 20, 2025

To: Chair Beidle, Vice Chair Hayes and Senate Finance Committee

Reference: House Bill 869-Preserve Telehealth Access Act of 2025

Position: Favorable

Dear Chair, Beidle and Senate Finance Committee Members,

On behalf of LifeBridge Health we appreciate the opportunity to offer our support for the amended version of House Bill-869. LifeBridge Health supports the removal of the sunset on key telehealth flexibilities before they expire later this year to maintain patients' access to quality virtual care. We appreciate the committee's commitment to ensuring that essential telehealth flexibilities were extended, so that patients continue to receive access to high-quality care. The expansion of telehealth services has transformed care delivery, expanded access for Marylanders especially those with transportation or mobility limitations.

Continuing audio only and parity reimbursement, as granted in the Preserve Telehealth Access Act of 2025, is essential to allow predictability and further adoption of technology as health care delivery changes over time. Fragmented policies at the federal and state level have often created more barriers to fully leverage these tools in previous years. CMS and Congress recognizing the value most recently extended until similar flexibilities until September 2025, when Congress will need to take action to support permanent policy.

Noted in introduction hearing, providers and the American Telemedicine Association acknowledge support in adopting language to ensure we address pain management prescribing requirements to align Maryland with other states as well as federal guidance. The Health and Government Operations Committee adopted the language. By adopting the language in House Bill 869, the revised statute will provide clarity for providers, allowing patients to receive clinically appropriate healthcare and prescriptions.

Under current law, Health Occupations 1-1003, providers are not able to prescribe clinically appropriate opioids for pain via telehealth. This statute was in place before telemedicine was a routine part of healthcare delivery and it conflicts with current and proposed federal guidance, causing confusion for Maryland providers and patients. Given the multiple years of experience now with telehealth, clinical standards, mandatory use of the Prescription Drug Monitoring Program and licensure agencies there are several layers of oversight to ensure providers are following appropriate medical practice.

LifeBridge Health supports and manages complex patient chronic conditions that make it challenging to always attend in-person appointments. There are many reasons why a clinician might need to prescribe these medications: Providers may have telehealth appointments with patients who need clinically appropriate prescriptions who are not mobile or have high immune risk to be in-person, covering providers in group practices to collaborate on care plans that is best for the patient. These cases include, but not limited to cancer care, neurological disorders, sickle-cell and other debilitating diagnoses.

Without access to these clinically appropriate prescriptions, patients struggle to maintain continuity of care, especially those in underserved areas or managing chronic conditions. They need to seek care in person – often in emergency departments to manage their pain.

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Of note, providers are already subject to oversight by both the federal DEA regulations and Maryland CDS and Prescription Drug Monitoring Program process including ongoing education and monitoring that applies to both in person and telehealth prescriptions.

For the above stated reasons, we request a favorable report on House Bill 869 as amended.

For more information, please contact:

Jennifer Witten, M.B.A.

Vice President, Government Relations & Community Development

jwitten2@lifebridgedhealth.org