

# **LCPCM- X HB 869-Preserve Telehealth Access - Suppo**

Uploaded by: Andrea Mansfield

Position: FAV



Committee: Senate Finance Committee

Bill: HB 869 – Preserve Telehealth Access Act of 2025

Hearing Date: March 20, 2025

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) support HB 869 – Preserve Telehealth Access Act of 2025. This bill will continue to require insurers, including the Maryland Medicaid Program, to reimburse telehealth services provided through audio-only and provide payment parity for telehealth services.

Maryland has been experiencing a shortage of behavioral health providers for years which was exacerbated by the COVID pandemic. To ensure access to services, licensed professional counselors adapted by providing telehealth services.

Legislation that passed in 2023 recognized the importance of telehealth services and required the reimbursement of these services at the same rate as if the service were provided in-person. This legislation also required the Maryland Health Care Commission (MHCC) to study and make recommendations regarding the delivery of health care services through telehealth, including payment parity for the delivery of health care services through audiovisual and audio-only telehealth technologies. This study strongly recommends the continuation of telehealth services and pay parity for behavioral health providers. A few specific findings include:

- Telehealth services enhance the overall flexibility and responsiveness of the health care system and create new opportunities for underserved communities to receive services;
- Pay parity removes financial disincentives and promotes equity by allowing providers to use telehealth modalities that are most accessible for their patients;
- Pay parity acknowledges that telehealth services involve the same level of clinical intensity and time as in-person care from the provider's perspective; and
- CMS 2025 MDFS Proposed Rule continues to support telehealth flexibilities and supports the MHCC's recommendations.

For these reasons, LCPCM urges the Committee to give HB 869 a FAVORABLE Report.

Please contact Andrea Mansfield at [amansfield@maniscanning.com](mailto:amansfield@maniscanning.com) or (410) 562-1617 if we can provide additional information.

# **Inseparable 2025 - HB 869 FAV - Preserve Telehealth**

Uploaded by: Angela Kimball

Position: FAV

# inseparable

409 7<sup>th</sup> St Northwest, Suite 305  
Washington, D.C. 20004  
March 20, 2025

House Health and Government Operations Committee  
Maryland General Assembly  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

***RE: SUPPORT for HB 869, the Preserve Telehealth Access Act of 2025***

Dear Chair Beidle, Vice-Chair Hayes, and Members of the Committees:

On behalf of Inseparable, I write to urge passage of HB 869, the aptly named Preserve Telehealth Access Act of 2025. As a national nonprofit mental health advocacy organization, Inseparable supports better access to life-saving mental health care, including permanent coverage of telehealth.

Telehealth, which was first widely used during the pandemic, has quickly become a critical point of access for mental health care, reducing barriers to treatment such as transportation and lingering stigma and allowing for more timely care. Importantly, people with [disabilities](#) are the most likely to use telehealth, highlighting its value in reducing disparities in access for this population. Telehealth has also reduced no-show rates and, as a result, makes more efficient use of the behavioral health professional workforce. Finally, [studies](#) of telehealth's impact on patients with mental health and with other chronic conditions improving outcomes and in reducing healthcare utilization and [costs](#).

HB 869 would preserve telehealth as an integral part of the state's health care delivery system, continuing the positive impact that telehealth has made in access to mental health care. We respectfully urge the Committee to issue a favorable report on HB 869.

Respectfully,



Angela Kimball  
Chief Advocacy Officer, Inseparable

**PJC\_Support\_HB 869\_FIN.pdf**

Uploaded by: Ashley Woolard

Position: FAV



Ashley Woolard, Staff Attorney  
Public Justice Center  
201 North Charles Street, Suite 1200  
Baltimore, Maryland 21201  
410-625-9409, ext. 224  
[woolarda@publicjustice.org](mailto:woolarda@publicjustice.org)

---

**HB 869**  
**Preserve Telehealth Access Act of 2025**  
**Hearing of the Senate Finance Committee**  
**March 20, 2025**

**1:00 PM**

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. **PJC strongly supports HB 869**, which would permanently preserve telehealth access for Maryland Medical Assistance (Medicaid) patients and the definition of telehealth to include audio-only conversations.

During the COVID-19 pandemic, Governor Hogan issued emergency legislation and Maryland received federal waivers to expand Medicaid telehealth services coverage. These changes transformed the way Medicaid and CHIP beneficiaries accessed care during the pandemic. Between February to April 2020, services delivered via telehealth among Medicaid and CHIP beneficiaries rose by 2,632% across the country compared to March to June 2019.<sup>1</sup> This rise in services was the highest among working age adults, children and seniors.<sup>2</sup> We thank the Maryland General Assembly for taking action to preserve this expansion in Maryland's law following the public health emergency.

Telehealth plays a critical role in expanding access to care for patients where they are and when they need it. Patients who lack access to transportation and/or childcare may not be able to easily visit a provider in person. Likewise, a patient may reside in a healthcare desert where locating a primary or specialty care physician is challenging and may not have access to a stable internet connection. Medicaid and CHIP patients without internet access would be disproportionately impacted if telehealth services were restricted, including patients residing in rural counties. HB 869 recognizes that the availability of asynchronous telehealth and audio-only

---

<sup>1</sup> Centers for Medicare & Medicaid Services, *Services Delivered via Telehealth Among Medicaid & CHIP Beneficiaries during COVID-19* (2020), <https://www.medicare.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-COVID-19-snapshot-data-through-20200630.pdf>.

<sup>2</sup> *Id.*

conversations not only keeps patients connected to care, but allows health providers to swiftly determine, through an oral or visual assessment, whether a patient needs to be triaged for in-person urgent or emergency care.

For the foregoing reasons, the PJC **SUPPORTS HB 869** and urges a **FAVORABLE** report. Should you have any questions, please contact Ashley Woolard at (410) 625-9409, ext. 224 or [woolarda@publicjustice.org](mailto:woolarda@publicjustice.org).

**MD Addiction Directors Council - 2025 HB 869 FAV -**

Uploaded by: Craig Lippens

Position: FAV





## **Maryland Addiction Directors Council**

**Senate Finance Committee**

**March 20, 2025**

**House Bill 869 - Preserve Telehealth Access Act of 2025**

**Support**

Maryland Addictions Directors Council (MADC) represents outpatient and residential substance use disorder and dual recovery treatment across the State of Maryland. Our members provide over 1,800 treatment beds across Maryland and provide treatment on the front lines of the opioid epidemic.

MADC strongly supports the Preserve Telehealth Access Act of 2025. The Maryland Health Care Commission (MHCC)'s 2024 telehealth report recommends continuing to allow use of telehealth. Among several reasons cited, the MHCC report notes that telehealth has achieved acceptance across somatic and behavioral health settings while expanded use of telehealth has created new opportunities for some underserved communities to access somatic and behavioral healthcare. The MHCC report also recommends continued unrestricted use of audio-only behavioral health telehealth services and continued payment parity for behavioral health and somatic care delivered using audiovisual and audio-only technologies.

MADC providers see firsthand the increased access to behavioral healthcare treatment using telehealth to deliver outpatient services flexibly to clients. MADC strongly supports HB 869 Preserve Telehealth Access Act of 2025.

# **HB 869\_Preserve Telehealth Act\_BHSB Crossfile\_FAVO**

Uploaded by: Dan Rabbitt

Position: FAV



March 20, 2025

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

*HB 869 – Preserve Telehealth Access Act of 2025*

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 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

**Behavioral Health System Baltimore supports HB 869 – Preserve Telehealth Access Act of 2025.** This commonsense bill removes the sunset on audio-only telehealth reimbursement and telehealth payment parity to establish the current telehealth policy as the state’s 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.

BHSB acknowledges that HB 869 has been amended differently compared to the Senate crossfile. It is not clear to BHSB that the additional telehealth practitioner stipulations included in HB 869 are necessary, but we support any compromise that leads to passage. We urge the Committees of jurisdiction to develop consensus language.

Maryland has used the current telehealth regime for over four years with good results. The policies have fostered access and given beneficiaries the choice of audio-only telehealth, video telehealth, and in-person services. They should be extended as permanent policies. **We urge a favorable report for HB 869.**

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

**HB869 - PTAA - Hopkins - Sup - FIN. v2.pdf**

Uploaded by: Helen Hughes

Position: FAV

**TO:** The Honorable Pamela Beidle, Chair  
*Senate Finance Committee*

**HB869**  
**Favorable**

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

**DATE:** March 20, 2025

**RE:** HB869 PRESERVE TELEHEALTH ACCESS ACT OF 2025

---

Johns Hopkins **supports HB869 Preserve Telehealth Access Act of 2025** as amended. Telehealth has become an integral part of the health care system, including audio only services. Johns Hopkins clinicians have collectively delivered more than 2 million telemedicine visits since March 2020 (in comparison to around 800 total prior to March of 2020). Telehealth visits have been delivered to patients in nearly all specialties at our institution including psychiatry, oncology, nutrition, genetics, neurology, and neurosurgery.

Data from Johns Hopkins highlights that access to video-visits versus audio-only visits is an issue of equity. Since the start of the pandemic, disparities have emerged in the use of video versus audio-only telehealth across different patient populations. Approximately 14% of our telemedicine visits have been completed using audio-only modalities, but the use of this tool is not evenly distributed—encounters with patients over age 65 and with publicly insured patients are more frequently conducted via audio-only than for younger patients and patients with commercial insurance.

Telehealth is here to stay. This bill takes a crucial step to ensuring remote healthcare access for all Marylanders. The Preserve Telehealth Access Act continues telehealth in all forms to best meet patient needs, which is crucial to ensuring all Marylanders have access to quality remote health care when and where they need it.

In addition to support for making telehealth permanent in Maryland, in order to continue to deliver the best, most comprehensive care via telehealth, Johns Hopkins also urges the State to modify Maryland’s approach to prescribing controlled substances via telehealth to follow the current federal guidance. This will ensure 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.

There are many reasons why a clinician might need to prescribe these medications: 1) Controlled substances, specifically pain medications, can only be prescribed for a limited time, requiring frequent renewals/refills; 2) Providers may have telehealth appointments with patients who need clinically appropriate prescriptions but cannot travel to in person appointments; 3) Covering providers in group practices (e.g. group of providers who work together and collaborate to provide care for patients) regularly manage these refill needs to support high quality, longitudinal care.

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.

Of note, providers are already subject to oversight by both the federal Drug Enforcement Agency and Maryland Office of Controlled Substances Administration process including ongoing education and monitoring that applies to both in person and telehealth prescriptions.

Below are specific real-world examples of patients impacted by the current law:

- A 35-year-old cervical **cancer patient** and mother to two young children experiences excruciating bone pain from metastasis that are eroding bones throughout her body. She on telehealth consultations from her palliative care provider and timely prescription renewals for opioids to manage their pain. Prescriptions can only be prescribed for one month at a time. Requiring monthly in person palliative care visits for this patient is a completely unnecessary burden. Any delay or restriction in prescribing these medications remotely could result in unmanaged pain, unnecessary ED visits, and a significant decline in the patient's quality of life.
- **Sickle cell disease** is characterized by intense intermittent pain crises that need constant management by a team of specialists. Requiring in person visits for pain management necessitates travel to a clinic or unnecessary emergency room usage. Both represent significant delays in care for the patient, preventable distress, and significant cost to patient, health system, and the state of Maryland.
- **Hospice patients** are home-bound and cannot easily travel to seek in-person care. Many palliative care providers offer telehealth visits to ensure that patients can stay in the comfort of their own home. Disruptions in care access, particularly in telehealth access, may severely negatively impact the final days of Maryland patients. Restrictions also cause distress to patients and family and potentially move site of care to a facility, significantly increasing cost to patient, health system, and the state of Maryland.

A change aligning Maryland to the current federal guidance and standard of care would be cost neutral and create greater access to care for the most vulnerable patients. It may even be cost saving in that it could prevent unnecessary Emergency Department visits for pain management in situations like those noted above.

While we prefer that the state address flexibilities regarding prescribing for pain management to improve patient access, our top priority is the continuation of audio only and parity reimbursement of telehealth and we would support that version of the bill. For these reasons, Johns Hopkins urges a favorable report on HB869.

**ATA ACTION MD HB 0869 LETTER - SF.pdf**

Uploaded by: Hunter Young

Position: FAV



Telehealth Policy to Transform Healthcare

March 18, 2025

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
Maryland General Assembly  
3 East Miller Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401

The Honorable Antonio Hayes  
Vice Chair, Senate Finance Committee  
Maryland General Assembly  
223 James Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401

**RE: ATA ACTION SUPPORT OF HB 869**

Dear Beidle, Vice Chair Hayes and members of the Senate Finance Committee:

On behalf of ATA Action, I am writing to you to comment and express our strong support for House Bill 869.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

ATA Action understands that HB 869 repeals the limitation on the period during which certain audio-only telephone conversations are included under the definition of telehealth for coverage and reimbursement purposes. This will ensure that patients who have come to rely on audio-only modalities of healthcare will not have their care interrupted and continues extended access to high-quality healthcare for all Maryland patients.

ATA Action supports the adoption of technology-neutral telemedicine policies that enable practitioners to utilize synchronous, (real-time) audio-visual or audio-only, and asynchronous (non-real-time) technologies in the delivery of care. ATA Action maintains that policy makers should not restrict the modalities which practitioners may use when providing care to patients, permitting licensed health care professionals to determine which technologies are sufficient to meet the standard of care for the condition presented by the patient. ATA Action is pleased to see the permanent inclusion of the use of audio-only

**ATA ACTION**

901 N. Glebe Road, Ste 850 | Arlington, VA 22203  
Info@ataaction.org





Telehealth Policy to Transform Healthcare

care. This will be especially beneficial for citizens without reliable internet access, due to broadband or personal technological limitations.

While removing the limitation on the period during which certain audio-only telephone conversations are included under the definition of telehealth represents a significant step forward for telehealth care in Maryland, our organization was also happy to see HB 869 amended to make an important update to the telehealth statute regarding the prescription of opioids for pain management. Current statute prohibits the prescription of Schedule II opioids for the treatment of pain through telehealth, other than in specific, rare situations. This prohibition is outdated and does not align with current federal standards from the US Drug Enforcement Administration and the US Department of Health and Human Services. ATA Action believes that telehealth prescription of these medications should conform to federal standards and with the standard of care. Updating this language will increase patient access to these needed medications via telehealth, increase patient choice, improve clarity for providers and better align Maryland policy with federal standards. We encourage the committee to pass this legislation as amended by the House to expand patient access to the care, and prescriptions, they need via telehealth.

Thank you for your support for telehealth. We encourage you and your colleagues to support this legislation in the interest of expanding access to telehealth care in Maryland. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical and effective telehealth policy in Maryland. If you have any questions or would like to engage in additional discussion regarding the telehealth industry's perspective, please contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley".

Kyle Zebley  
Executive Director  
ATA Action

**ATA ACTION**

901 N. Glebe Road, Ste 850 | Arlington, VA 22203  
Info@ataaction.org

# **Crossover Testimony\_HB 869- Preserve Telehealth Ac**

Uploaded by: Jake Whitaker

Position: FAV



Maryland  
Hospital Association

## **House Bill 869- Preserve Telehealth Access Act of 2025**

**Position: *Support***

March 20, 2025

Senate Finance Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 869. This legislation builds on the success of the Preserve Telehealth Access Acts of 2021 and 2023 by removing the current sunset to permanently allow for audio-only modalities and reimbursement parity in Maryland.

Audio-only telehealth is critical to ensure that all Marylanders have access to care. 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 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.

We have all seen first-hand what health care and policy experts know—telehealth broadens access to care, improves patient outcomes and satisfaction, and helps address health inequities. Quite simply, telehealth works for Marylanders.

MHA supported the Preserve Telehealth Access Act of 2021 and 2023. 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, 2025.

Patients continue to use telehealth services—including audio-only—at higher levels than before COVID-19. That is why reimposing barriers to telehealth, such as allowing these flexibilities to sunset, will not be a return to normal. It would be an undeniable step backward for Maryland’s commitment to furthering health care access and addressing widespread health inequities.

For these reasons, we request a favorable report on HB 869.

For more information, please contact:  
Jake Whitaker, Assistant Vice President, Government Affairs & Policy  
Jwhitaker@mhaonline.org

**2025 MASHN HB 689 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV

**Maryland Association of School Health Nurses**



**Committee:** Senate Finance Committee

**Bill Number:** House Bill 689 – Maryland Medical Assistance Program – Use of Reimbursement Funds by Schools

**Hearing Date:** March 20, 2025

**Position:** Support with Amendment

---

The Maryland Association of School Health Nurses supports *House Bill 689 – Maryland Medical Assistance Program – Use or Reimbursement Funds by Schools*. The bill’s underlying intention is to ensure schools direct new resources from Medicaid billing for school health services to address the shortage of school health providers. We would ask for some clarifying amendments.

MASHN has been deeply concerned about the shortage of school nurses and other school health professionals. On average statewide, there is only one nurse per 848 students (see attached). States have been struggling to identify additional resources to bolster their school health workforce. In 2023, the Center for Medicare and Medicaid Services opened the door to a potentially game changing opportunity. Under new federal guidance, schools can draw down more federal matching funds for school health services.<sup>i</sup> Even before this new guidance, some states had developed innovative pathways for reimbursement for school nursing services.<sup>ii</sup>

We would request two amendments which we believe align with the intent of the bill:

Amendment 1: Clarifying which practitioners may be reimbursed. Federal law and regulations already delineate who may bill for school health services. The practitioner must be authorized to practice either by a health occupation board or education agency. We recommend aligning the bill’s language to reflect federal guidance:

On page 1 in lines 21-23:

(2) ~~“PROVIDER” MEANS A SCHOOL-AUDIOLOGIST, SCHOOL21  
PSYCHOLOGIST, SCHOOL SPEECH PATHOLOGIST, AND ANY OTHER HEALTH CARE  
PRACTITIONER WHO PROVIDES SERVICES TO A STUDENT IN A SCHOOL SETTING.  
PRACTITIONER WHO IS AUTHORIZED TO PRACTICE IN A SCHOOL SETTING UNDER THE HEALTH  
OCCUPATIONS ARTICLE OR EDUCATION ARTICLE INCLUDING~~

- ~~\_\_\_\_\_ (i) nurses;~~
- ~~\_\_\_\_\_ (ii) licensed clinical social workers;~~
- ~~\_\_\_\_\_ (iii) professional counselors;~~
- ~~\_\_\_\_\_ (iv) marriage and family therapists;~~
- ~~\_\_\_\_\_ (v) occupational therapists and occupational therapy assistants;~~
- ~~\_\_\_\_\_ (vi) speech language pathologists;~~
- ~~\_\_\_\_\_ (vii) physical therapists;~~
- ~~\_\_\_\_\_ (viii) school counselors; and~~
- ~~\_\_\_\_\_ (ix) school psychologists.~~

Amendment 2: Clarifying how funding may be spent. As we understand the bill’s intention, new resources from Medicaid billing for school health must be directed towards the school health workforce. We would recommend a change in language to recognize that school health professionals are paid through salaries rather than stipend arrangements as well as that educational opportunities are not typically labeled as internships:

*On page 2 in lines 8-15*

- ~~(1) ADDITIONAL POSITIONS FOR PROVIDERS;~~
- ~~(2) PAID INTERNSHIPS FOR STUDENTS SEEKING TO BECOME  
PROVIDERS; EDUCATION OPPORTUNITIES FOR STUDENTS IN ACCREDITED HEALTH  
PROFESSIONAL EDUCATIONAL PROGRAMS TO WORK UNDER A PROVIDER AS PERMITTED  
UNDER THE HEALTH OCCUPATIONS ARTICLE OR THE EDUCATION ARTICLE;~~
- ~~(3) STIPENDS SALARY INITIATIVES FOR PROVIDERS THAT ARE DESIGNED TO ADDRESS  
PROBLEMS IN PROVIDER RECRUITMENT AND RETENTION; AND~~
- ~~(4) STIPENDS SALARY INITIATIVES FOR PROVIDERS WORKING IN LOW-PERFORMING  
SCHOOLS THAT ARE DESIGNED TO ADDRESS PROBLEMS IN PROVIDER RECRUITMENT  
AND RETENTION.~~

We urge a favorable report on this bill with our proposed clarifying amendments. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

---

<sup>i</sup> <https://www.cms.gov/newsroom/fact-sheets/delivering-service-school-based-settings-comprehensive-guide-medicaid-services-and-administrative>

<sup>ii</sup> <https://www.networkforphl.org/resources/medicaid-reimbursement-for-school-nursing-services-2/>



**2025 MCHS HB 869 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



## Maryland Community Health System

**Bill Number:** House Bill 869 – Preserve Telehealth Access Act of 2025

**Committee:** Senate Finance Committee

**Hearing Date:** March 20, 2025

**Position:** Support

---

The Maryland Community Health System (MCHS) supports *House Bill 869 – Preserve Telehealth Access Act of 2025*. The legislation makes two provisions of telehealth reimbursement flexibility permanent: 1) reimbursement parity; and 2) audio-only reimbursement.

Maryland Community Health System is a network of federally qualified health centers providing primary, behavioral, and dental care to underserved communities throughout Maryland. Telehealth services are essential to engaging our patients in managing their care, particularly for chronic conditions such as hypertension and behavioral health care issues.

Reimbursement parity is critical. To meet the needs of their patients, most healthcare providers offer telehealth services as a complement to in-person services. Hybrid providers, including federally qualified health centers, must maintain two systems of delivering care – bricks and mortar sites and telehealth platforms. Reimbursement parity is essential for maintaining the infrastructure needed for in-person and telehealth services.

Audio-only services are critical in engaging patients who cannot access audio-video platforms.<sup>i</sup> Audio-only services support care management for older adults, people with disabilities, residents of rural communities, and people who cannot afford broadband access.

We ask for a favorable report. If we can answer any questions, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

---

<sup>i</sup> <https://www.sciencedirect.com/science/article/pii/S2667321522000166>

**2025 MDAC HB 869 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



10015 Old Columbia Road, Suite B-215  
Columbia, Maryland 21046  
www.mdac.us

**Committee:** Senate Finance Committee

**Bill Number:** House Bill 869 – Preserve Telehealth Access Act of 2025

**Hearing Date:** March 20, 2025

**Position:** Support

---

The Maryland Dental Action Coalition (MDAC) strongly support *House Bill 869 – Preserve Telehealth Access Act of 2025*. The legislation preserves telehealth reimbursement policy enacted initially by the Maryland General Assembly in 2021. By removing the sunset date for audio-only and payment parity provisions, the legislation makes these provisions part of Maryland’s permanent telehealth reimbursement policies.

MDAC supports the legislation because Teledentistry can be transformational for care provided in rural communities.<sup>1</sup> Teledentistry connects individuals with specialists outside of their area, which is particularly important for people with urgent dental needs. Teledentistry also allow helps people who face transportation challenges, including people in rural areas and those with mobility issues.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

---

<sup>1</sup> <https://www.jrmds.in/articles/teledentistry-for-underserved-populations-an-evidencebased-exploration-of-access-outcomes-and-implications.pdf>

***Optimal Oral Health for All Marylanders***

**2025 MDAC HB 869 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



10015 Old Columbia Road, Suite B-215  
Columbia, Maryland 21046  
www.mdac.us

**Committee:** Senate Finance Committee

**Bill Number:** House Bill 869 – Preserve Telehealth Access Act of 2025

**Hearing Date:** March 20, 2025

**Position:** Support

---

The Maryland Dental Action Coalition (MDAC) strongly support *House Bill 869 – Preserve Telehealth Access Act of 2025*. The legislation preserves telehealth reimbursement policy enacted initially by the Maryland General Assembly in 2021. By removing the sunset date for audio-only and payment parity provisions, the legislation makes these provisions part of Maryland’s permanent telehealth reimbursement policies.

MDAC supports the legislation because Teledentistry can be transformational for care provided in rural communities.<sup>i</sup> Teledentistry connects individuals with specialists outside of their area, which is particularly important for people with urgent dental needs. Teledentistry also allow helps people who face transportation challenges, including people in rural areas and those with mobility issues.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

---

<sup>i</sup> <https://www.jrmds.in/articles/teledentistry-for-underserved-populations-an-evidencebased-exploration-of-access-outcomes-and-implications.pdf>

***Optimal Oral Health for All Marylanders***

**2025 MDAC HB 869 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



10015 Old Columbia Road, Suite B-215  
Columbia, Maryland 21046  
www.mdac.us

**Committee:** Senate Finance Committee  
**Bill Number:** House Bill 869 – Preserve Telehealth Access Act of 2025  
**Hearing Date:** March 20, 2025  
**Position:** Support

---

The Maryland Dental Action Coalition (MDAC) strongly support *House Bill 869 – Preserve Telehealth Access Act of 2025*. The legislation preserves telehealth reimbursement policy enacted initially by the Maryland General Assembly in 2021. By removing the sunset date for audio-only and payment parity provisions, the legislation makes these provisions part of Maryland’s permanent telehealth reimbursement policies.

MDAC supports the legislation because Teledentistry can be transformational for care provided in rural communities.<sup>1</sup> Teledentistry connects individuals with specialists outside of their area, which is particularly important for people with urgent dental needs. Teledentistry also allow helps people who face transportation challenges, including people in rural areas and those with mobility issues.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

---

<sup>1</sup> <https://www.jrmds.in/articles/teledentistry-for-underserved-populations-an-evidencebased-exploration-of-access-outcomes-and-implications.pdf>

***Optimal Oral Health for All Marylanders***



**2025 MdAPA HB 869 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



**To:** Senate Finance Committee

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

**Date:** March 20, 2025

**Position:** Favorable

---

The Maryland Academy of Physician Assistants supports *House Bill 869 - Preserve Telehealth Access Act of 2025*. This bill makes two telehealth reimbursement provisions permanent for Maryland Medicaid and private insurers: 1) reimbursement for audio-only telehealth appointments; and 2) reimbursement parity.

Telehealth is based on a simple principle – bringing health care directly to patients so that they do not have to navigate scheduling and transportation challenges. By providing for reimbursement of audio-only services, the bill addresses one of the major barriers to telehealth services. Many individuals and sometimes whole communities do not have access to broadband or computers. Audio-only visits are essential to connect people to the health services they need. Audio-only services have been particularly important in supporting people with behavioral health issues. Reimbursement parity is also essential to ensure providers have sufficient resources to meet their patients’ needs. Most providers offer telehealth services as complementary to in-person services.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

**2025 Moveable HB 869 Senate Side.pdf**

Uploaded by: Jennifer Navabi

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** House Bill 869 – Preserve Telehealth Access Act of 2025

**Hearing Date:** March 20, 2025

**Position:** Support

---

Moveable Feast strongly supports *House Bill 869 – Preserve Telehealth Access Act of 2025*. The legislation makes telehealth flexibilities permanent in coverage provided by the Maryland Medical Assistance Program and state-regulated private insurance.

Moveable Feast’s mission is centered on health equity. We provide medically tailored meals to improve the health outcomes of people with serious chronic or life-threatening disease. Many of our clients have limited mobility or face transportation issues. Telehealth can provide a lifeline for them to receive needed care without leaving their homes. Research demonstrates the efficacy of telehealth in supporting the management of chronic conditions and serious illness.<sup>i</sup>

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

---

<sup>i</sup> <https://medicine.yale.edu/news-article/telehealth-is-just-as-effective-as-in-person-care-new-study-finds/#:~:text=One%20of%20the%20largest%20randomized%20clinical%20trials,on%20managing%20the%20symptoms%20of%20serious%20illness.>

<https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-older-adults/telehealth-chronic-conditions/#:~:text=Why%20use%20telehealth%20to%20manage%20chronic%20conditions,hypertension%2C%20and%20diabetes%20as%20the%20most%20common.>

# **LBH FAV House Bill 869-Preserve Telehealth Access**

Uploaded by: Jennifer Witten

Position: FAV



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.

**CARE BRAVELY**

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](mailto:jwitten2@lifebridgedhealth.org)

# **NASW Maryland - 2025 HB 869 FAV - Preserve Telehea**

Uploaded by: Karessa Proctor

Position: FAV



**Testimony Before the Senate Finance Committee  
March 20, 2025**

**House Bill 869 – Preserve Telehealth Act of 2025**

**\*\* Support \*\***

The National Association of Social Workers is the largest professional association of social workers in the country, and the Maryland Chapter represents social workers across the state. We support House Bill 869 and urge you to vote in favor of authorizing continued reimbursement for telehealth access by way of permanent inclusion of audio-only telephone conversations as a reimbursed healthcare service.

This bill touches on a significant equity issue. Providers experience clients who have malfunctions that require audio-only psychotherapy sessions because problems with their computer microphone or camera, or their internet is spotty or goes down. Many clients do not have regular access to the technology needed for audio-visual telehealth, while others may be older and not inclined to use it.

Requirements for in-person visits, especially for mental health and substance use disorder services, create unnecessary barriers and risks to patients. Transportation to and from appointments can be challenging for people who live in areas without access to public transportation, and people who are older and have disabilities whose disability transit is unreliable. Audio sessions can avoid risks and overcome challenges that allow patients to get the treatment they need.

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.

For these and many other reasons, we ask that you give a favorable report on Senate Bill 372.

Respectfully,

Karessa Proctor, BSW, MSW  
Executive Director, NASW-MD

**NCADD-MD - 2025 HB 869 FAV - Preserve Telehealth -**

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee**

**March 20, 2025**

**House Bill 869**

**Preserve Telehealth Access Act of 2025**

**Support**

NCADD-Maryland supports House Bill 869 – Preserve Telehealth Access Act of 2025. The past five years have taught providers and health care consumers a great deal about our health care system. One of the obvious lessons learned is that telehealth is a life-saving tool in the delivery of health care services, including substance use disorder and mental health treatment. The Maryland Health Care Commission has been studying the outcomes and their recommendations are strongly in favor of continuing current access to care through telehealth.

With the existence of a massive digital divide, the use of the telephone has been the only way tens of thousands of Marylanders have been able to access health care services. We must continue the use of telehealth, including audio-only technology. Surveys have also shown consumer satisfaction and efficacy.

With the two guiding principles that telehealth should be used when clinically appropriate, and when preferred by the consumer, the use of telehealth should continue permanently. We strongly urge a favorable report on House Bill 869.

# **HB 869\_Senate\_Horizon Foundation\_FAV - Copy.pdf**

Uploaded by: Nikki Highsmith Vernick

Position: FAV



March 20, 2025

**COMMITTEE:** Senate Finance Committee

**BILL:** HB 869 – Preserve Telehealth Access Act of 2025

**POSITION:** Support

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives.

**The Foundation is pleased to support HB 869 – Preserve Telehealth Access Act of 2025.** This bill would ensure that the state’s Medicaid program and private insurers continue to provide reimbursement for telehealth services. It would also ensure that audio-only telephone conversation between a health care provider and a patient for health care services remains included in the state’s definition of telehealth under law. Currently, those provisions are both set to expire on June 30, 2025.

Telehealth services have become an important component of our health care system and the ability for patients to access care. According to a 2024 report from the Maryland Health Care Commission, telehealth visits remain significantly higher than pre-pandemic levels and behavioral health visits are a top and growing use of telehealth services in our state.<sup>i</sup> The report also finds that telehealth options help to advance overall health equity, because patients from underserved communities can get care more easily where they may otherwise have to forgo needed care or travel long distances to see a doctor. It is critical that we preserve access to these options and ensure services are covered at the same rate as if a patient saw a provider in person.

The Horizon Foundation believes that all Marylanders deserve accessible and affordable health and mental health care. For this reason, the Foundation **SUPPORTS HB 869** and urges a **FAVORABLE** report.

Thank you for your consideration.

<sup>i</sup> Maryland Health Care Commission:

[https://mhcc.maryland.gov/mhcc/pages/hit/hit\\_telemedicine/documents/telehealth\\_rec\\_rpt\\_sum.pdf](https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/telehealth_rec_rpt_sum.pdf)

#### BOARD OF TRUSTEES

Christopher Fortune  
CHAIR

Lisa Pearson  
VICE CHAIR

Gopi Suri  
SECRETARY

Mark Cissell  
TREASURER

Nikki Highsmith Vernick  
PRESIDENT & CEO

Jonathan Ilson Ahn, Esq.

Yvonne Commodore-  
Mensah, Ph.D

Juliet Gilliam

Catherine Hamel

Brian Hepburn, M.D.

Louis Hutt III

Sekou Murphy

Yvette Rooks, M.D.

Scott Rose

Celián Valero-Colón, M.D.

David Wolf

Lanlan Xu, Ph.D

**HB869\_Telehealth\_FAV\_HPCNM.pdf**

Uploaded by: Peggy Shimoda

Position: FAV



Hospice & Palliative Care Network  
OF MARYLAND

March 18, 2025

The Honorable Pamela Beidle  
The Honorable Antonio Hayes  
Senate Finance Committee

**RE: Support – HB869 (SB372) – Preserve Telehealth Access Act of 2025**

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

On behalf of the Hospice & Palliative Care Network of Maryland, and the hospice and palliative care community we serve, I am writing to express strong support for HB869 (SB372) — the *Preserve Telehealth Access Act of 2025*, and respectfully request a **FAVORABLE** report.

The patients and families we care for — individuals living with serious, chronic, and life-limiting illnesses — face complex medical, emotional, and logistical challenges. Telehealth has been a transformative tool, enabling providers to deliver critical care, counseling, symptom management, and family support without requiring travel that can be burdensome or impossible for patients nearing the end of life.

During the COVID-19 pandemic, telehealth became an essential part of serious illness care, helping us reach patients in rural areas, urban neighborhoods with limited transportation options, and communities that have historically faced barriers to healthcare access. The impact is clear: increased care continuity, timely symptom management, reduced hospitalizations, and more equitable access for underserved populations. Audio-only telehealth has been especially important for elderly patients, those without reliable broadband internet, and non-English speaking populations.

HB869 (SB372) ensures that Maryland will not lose these gains. By preserving reimbursement parity for telehealth services, continuing to allow audio-only visits where clinically appropriate, and supporting ongoing innovation in care delivery, this legislation strengthens our collective ability to serve those who need us most.

We urge a **FAVORABLE** report for HB869 (SB372) to protect telehealth access for Marylanders facing serious illness and end-of-life challenges. Thank you for your leadership, vision, and commitment to ensuring that care remains accessible, compassionate, and patient-centered.



Hospice & Palliative Care Network  
OF MARYLAND

Sincerely,

Peggy Shimoda, CAE  
Executive Director  
Hospice & Palliative Care Network of Maryland  
[peggy.shimoda@hnmd.org](mailto:peggy.shimoda@hnmd.org)  
(403) 803-8063

**About Hospice & Palliative Care Network of Maryland (HPCNM)**

The Hospice & Palliative Care Network of Maryland (HPCNM) is the leading voice for hospice and palliative care organizations across the state. Our mission is to advance and advocate for access to high-quality, compassionate care for individuals with serious and life-limiting illnesses and their loved ones. In 2023, Maryland's hospice providers collectively cared for 26,455 patients, delivering 1,439,687 Medicare-covered days of care. To learn more, visit [www.hnmd.org](http://www.hnmd.org), email Peggy Shimoda at [peggy.funk@hnmd.org](mailto:peggy.funk@hnmd.org), or call 410-403-8063.



**2025 ACNM HB 869 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** House Bill 869 – Preserve Telehealth Access Act of 2025

**Hearing Date:** March 20, 2025

**Position:** Support

---

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *House Bill 869 – Preserve Telehealth Access Act of 2025*. The bill removes the sunset date for two provisions of telehealth reimbursement policy, making those provisions permanent for the Maryland Medical Assistance and state-regulated private insurance: 1) reimbursement for audio-only services; and 2) payment parity for services provided through a telehealth platform.

ACNM supports the legislation because it provides flexibility in the use of telehealth to meet an individual’s health needs. In a position paper supporting telehealth access, ACNM affirms that “(the) use of telehealth should be individualized based on patient preference, access to necessary technology, risks, and benefits.”<sup>i</sup>

By continuing reimbursement for audio-only services, the legislation recognizes the appropriateness of this medium, particularly for the delivery of behavioral health services. With payment parity, the legislation also recognizes that providers need sufficient resources to continue to provide their services, often through the hybrid mode of in-person and telehealth platforms.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

---

<sup>i</sup> [https://www.midwife.org/acnm/files/acnmldata/uploadfilename/00000000331/2022\\_ps-the-use-of-telehealth-in-midwifery%20.pdf](https://www.midwife.org/acnm/files/acnmldata/uploadfilename/00000000331/2022_ps-the-use-of-telehealth-in-midwifery%20.pdf)

# **SB 372TRAC Support.pdf**

Uploaded by: Ruth Carlock

Position: FAV



**Senate Bill 372**  
**Preserve Telehealth Access Act of 2025**  
**March 18, 2025**  
**Support**

Dear

The Trans Rights Advocacy Coalition (TRAC) supports the Preserve Telehealth Access Act of 2025, which would allow Maryland residents to continue to access essential telehealth services.

TRAC is a Maryland based, and entirely trans-led coalition committed to ensuring that all transgender and gender expansive Marylanders can live safe and affirming lives. Our membership includes healthcare providers, attorneys, academics, organizers and other community members who all stand in strong support for legislation like SB 372.

Senate Bill 372 would allow telehealth to continue in Maryland and make those changes permanent. For many transgender and non-binary people, telehealth services represent the difference between being able to receive services and not. Telehealth services helps all people in Maryland get more consistent care and see specialists that may be typically out of reach. Especially for trans and non-binary people in rural areas where higher chances of poverty and stigma can stop people from receiving needed healthcare, removing barriers helps more Marylanders get the treatment they need.

On top of the benefits that this bill would hold to the millions of Marylanders who utilized these services, Maryland also enjoyed many savings because of this legislation. Overall, the addition of telehealth has been a consistent benefit to patients and healthcare providers throughout the state, confirmed even further with the number of healthcare agencies also submitting testimony for this legislation. Especially given the overwhelming demand of healthcare specialists needed by the state over the next decade to address the aging population, eliminating these rules would only work against the needs of Marylanders all over the state, with the consequences being more dire for the most vulnerable.

For all the reasons and more, we strongly urge supporting SB 372.

Sincerely,

The Trans Rights Advocacy Coalition

**HB 869 - FAV - SWASC.pdf**

Uploaded by: UM SWASC

Position: FAV

**TESTIMONY IN SUPPORT OF HB 869**  
**Preserve Telehealth Access Act of 2025**  
*Senate Finance Committee*  
**March 20, 2025**

**Social Work Advocates for Social Change (SWASC) strongly support HB 869**, which will repeal sunset provisions limiting the recognition of audio-only sessions as a reimbursable service, and guarantee insurance reimbursement parity between telehealth and in-person services. **HB 869 would ensure the continued provision of services that remove barriers to accessing care, increase client choice in choosing how they receive services, and ensure telephonic services that are existing components of gold-standard treatments are reimbursable.**

**HB 869 would enhance access to behavioral health care by removing barriers that could otherwise prevent individuals from receiving critical services.** Telehealth allows clients to access geographically distant service providers who would otherwise not be an option. SWASC members utilizing telehealth have provided services to clients all over Maryland, including families over 2.5 hours away from the provider location. Additional client-side barriers SWASC members have observed include transportation issues, childcare responsibilities, stigma against seeking treatment, and time constraints. For providers, low or no reimbursement for telehealth services is the number one reason for not offering telehealth services.<sup>1</sup> **HB 869 guarantees payment parity, ensuring providers can continue offering telehealth services thereby decreasing barriers to accessing behavioral services.**

**Clients seeking mental health services may find audio-only telehealth services to be their preferred and most effective method of service delivery.** The 2022 Maryland Telehealth Report found that audio-only telehealth may be preferred by clients when discussing sensitive topics.<sup>2</sup> Additionally, members of SWASC have experience working with clients who exhibit a strong preference for audio-only services. Autistic clients may be more at ease and find services without a visual component to be more effective. Similarly, older clients lacking technological literacy may prefer traditional telephonic communication to typical telehealth platforms such as Zoom. **As telehealth providers, we have found that audio-only service delivery can be as effective as audio-visual or in-person delivery if it is the client's preference.**

---

<sup>1</sup> Technical Report of the Maryland Telehealth Study (2022). *NORC at the University of Chicago*. (Rep).  
[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> Technical Report of the Maryland Telehealth Study (2022). *NORC at the University of Chicago*. (Rep).  
[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)

**Audio-only telehealth services are used in a variety of widely used evidence-based practices and treatments.** A key element of Dialectical Behavior Therapy (DBT) is telephone coaching, through which a client can reach their therapist in between sessions for support during a crisis or for assistance implementing a skill learned in session into everyday life.<sup>3</sup> Similarly, the 988 Suicide and Crisis Lifeline provides immediate support over telephone to individuals facing mental health or substance use emergencies. **The staggering number of crisis calls received by 988 – over nine million in the two years since its launch<sup>4</sup> – reflects both an urgent need for accessible mental health resources as well as the effectiveness of audio-only communication in reaching individuals in crisis.**

Amendments to the Preserve Telehealth Access Act of 2025 also require the Maryland Health Care Commission to report on changes in the advancement of telehealth every 4 years, providing a mechanism by which future law can stay abreast of evolving technology in that area.

Telehealth, particularly audio-only, sessions reduce barriers to accessing care, increase client choice in service delivery, and are already recognized components of effective therapy modalities. For these reasons, **Social Work Advocates for Social Change urges a favorable report on HB 869.**

*Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.*

---

<sup>3</sup> *Dialectical behavior therapy (DBT): What it is & purpose.* Cleveland Clinic. (2022, January 24).  
<https://my.clevelandclinic.org/health/treatments/22838-dialectical-behavior-therapy-dbt>

<sup>4</sup> *988 lifeline performance metrics.* SAMHSA. (2024).  
<https://www.samhsa.gov/mental-health/988/performance-metrics>

**HB869.Telehealth.25.pdf**

Uploaded by: Virginia Crespo

Position: FAV





## Maryland Retired School Personnel Association

8379 Piney Orchard Parkway, Suite A • Odenton, Maryland 21113  
Phone: 410.551.1517 • Email: [mrspa@mrspa.org](mailto:mrspa@mrspa.org)  
[www.mrspa.org](http://www.mrspa.org)

**House Bill 869**  
**In Support Of**  
**Preserve Telehealth Access Act of 2025**  
**Health and Government Operations Committee**  
**Hearing February 13, 2025, at 1:00 p.m.**

Dear Honorable Delegate Pena-Melnyk, Chair, Delegate Cullison, Vice-Chair, and Committee members,

**The Maryland Retired School Personnel Association (MRSPA) supports HB 869 Preserve Telehealth Access Act of 2025.**

Our MRSPA Legislative Priorities include legislation that allows services that help seniors age in place and remain healthy, active, and independent. This legislation would allow Marylanders continued access to telehealth services and require insurance companies to reimburse physicians and medical facilities for the approved telehealth services.

MRSPA believes that access to telehealth service is critical to seniors and other vulnerable adults who may not be able to attend in-person medical appointments for a variety of reasons. Quality and improved health care access ensures a better life, not just for seniors, but for all Marylanders.

HB 869 removes the limitation on the period during which Marylanders can use telehealth services as a health care delivery option. Coverage and reimbursement of such health care services have proven their value to Maryland citizens.

On behalf of the over 12,000 members of the Maryland Retired School Personnel Association, we strongly urge a favorable report on HB 869.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth H. Weller".

Elizabeth H. Weller  
President

A handwritten signature in blue ink that reads "Virginia G. Crespo".

Virginia G. Crespo  
Legislative Aide

# **HB 869 - FAV - UMMS - Senate Hearing.pdf**

Uploaded by: Will Tilburg

Position: FAV

## **House Bill 869 – Preserve Telehealth Access Act of 2025**

### **Position: Favorable**

March 20, 2025

Senate Finance Committee

The University of Maryland Medical System strongly supports House Bill 869 – Preserve Telehealth Access Act of 2025, as amended. House Bill 869 (“HB 869”) would protect the use of audio-only telehealth and maintain coverage and parity reimbursement of health care services provided through telehealth for Medicaid and private insurers by eliminating the current termination date for these provisions of June 30, 2025. In addition, the House amended the bill to allow for the prescribing of Schedule II drugs, under certain circumstances, if consistent with federal and State law.

Telehealth is a critical component of our ability to provide primary and specialty care to all corners of the State – rural, suburban, and urban. The University of Maryland Medical System (UMMS) conducts over 100,000 outpatient telehealth visits each year, as well as hundreds of inpatient telehealth consultations that leverage specialized interprofessional expertise across our 12 hospitals and more than 150 medical facilities.

Beyond the sheer volume of care, UMMS data demonstrates that telehealth services are an important tool for access to care and health equity. Sixty-five percent (65%) of recipients of University of Maryland Telehealth are female compared to only 56% in person, typically in the younger 18–44-year-old range, and telehealth utilization is higher among individuals of African American or Hispanic descent. More individuals on Medicaid or MCO plans utilize telehealth to access their care, with approximately 44% of telehealth visits represented by these groups compared to only 21% in person. Telehealth utilization in rural areas is also increased with almost 30% of all outpatient telehealth visits originating in Maryland Rural Counties. Terminating access to audio-only health care services or parity reimbursement for telehealth services would adversely impact access to care for Marylanders and likely exacerbate health disparities for underserved populations.

The reimbursement parity for telehealth providers authorized by the Maryland General Assembly since 2021, and the high level of patient satisfaction with our telehealth services, has enabled UMMS to greatly expand the telehealth services we are able to offer. The University of Maryland Tele-EMS program has enabled virtualized care in rural areas without the need for patient transportation to the ER via ambulance. The Emergency Department TeleTriage program at University of Maryland Medical Center and Midtown Campuses have improved wait times for patients and reduced revisits while acting as a safety net for identifying and following up on sick

patients presenting to these bustling ERs. The UMMS Virtual First program aims to bring specialty and subspecialty care outside of the four walls of the UMMC Downtown Campus and reduce the need for patient transfers into the tertiary care center where it is often difficult to find bed placement. And programs such as the University of Maryland Tele-Sitter, Virtual Nursing, and Virtual Fetal Heart Monitoring NEST programs have saved lives and improved quality of care by maximizing flexibility of virtual staffing resources despite national and regional healthcare workforce shortages. These expanded telehealth services will continue to improve access to care and health outcomes for Marylanders.

Telehealth services have expanded access to care in Maryland, particularly for underserved populations. Likewise, reimbursement parity has assisted UMMS and other providers in the State to expand the scope of critical care services they offer via telehealth. By making expanded telehealth coverage and reimbursement parity permanent, HB 869 would enable healthcare providers to continue to expand access to care for Marylanders and promote additional investment and innovation in telehealth services to continue to improve patient health outcomes.

Importantly, HB 869 was amended in the House to update the telehealth statute regarding the prescription of opioids for pain management. Current law prohibits the prescription of Schedule II opioids for the treatment of pain through telehealth, other than in specific, rare situations. The House amendment would align Maryland with current federal standards developed by the US Drug Enforcement Administration and the US Department of Health and Human Services. This amendment will extend a critical care option to individuals who require access to Schedule II drugs for pain management, but cannot attend an in-person consultation, such as those in hospice.

For these reasons, the University of Maryland Medical System supports HB 869 and respectfully request a *favorable* report.

Respectfully submitted:

Anthony Roggio, MD  
Assistant Professor  
Emergency Medicine  
University of Maryland School of Medicine

Medical Director  
Center for Telehealth  
University of Maryland Medical System

For more information, please contact:

Will Tilburg, Vice President, Government and Regulatory Affairs  
University of Maryland Medical System  
[William.tilburg@umm.edu](mailto:William.tilburg@umm.edu)

# **HB869 Telehealth Access Crossover.LOSWA Final.pdf**

Uploaded by: Irnise Williams

Position: FWA

**CAROLYN A. QUATTROCKI**  
*Chief Deputy Attorney General*

**LEONARD J. HOWIE III**  
*Deputy Attorney General*

**CARRIE J. WILLIAMS**  
*Deputy Attorney General*

**SHARON S. MERRIWEATHER**  
*Deputy Attorney General*

**ZENITA WICKHAM HURLEY**  
*Chief, Equity, Policy, and Engagement*



**STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
CONSUMER PROTECTION DIVISION  
HEALTH EDUCATION AND ADVOCACY UNIT**

**ANTHONY G. BROWN**  
*Attorney General*

**WILLIAM D. GRUHN**  
*Division Chief*

**KIMBERLY S. CAMMARATA**  
*Unit Director*

**PETER V. BERNS**  
*General Counsel*

**CHRISTIAN E. BARRERA**  
*Chief Operating Officer*

**IRNISE WILLIAMS**  
*Deputy Unit Director*

March 18, 2025

**TO:** The Honorable Pamela Beidle, Chair  
Senate Finance Committee

**FROM:** Karen Valentine, Deputy Chief, Consumer Protection Division  
Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

**RE:** House Bill 0869- Preserve Telehealth Access Act of 2025- **SUPPORT WITH AMENDMENTS**

The Consumer Protection Division (CPD) of the Office of the Attorney General and the Division's Health Education and Advocacy Unit (HEAU) support with amendments, House Bill 869, which repeals the limitation on the time period during which carriers are required to provide reimbursement for certain audio-only and video telehealth services at certain rates, subject to the Maryland Health Care Commission reviewing and reporting on the telehealth delivery system in two years and every four years thereafter. The CPD and the HEAU stand in strong *opposition* to repealing the prohibition on healthcare practitioners prescribing Schedule II substances for the treatment of pain through audio-only or video telehealth services, except in limited circumstances.

We oppose the provisions in HB869 that would allow all patients seeking pain management access to telehealth services to obtain a prescription for a Schedule II opiate through telehealth. Although telehealth access provides a valuable benefit to patients, allowing all patients seeking pain management access to telehealth services to obtain a prescription for a Schedule II controlled substance could subject Marylanders to unfair, abusive and deceptive trade practices and exacerbate the opioids crisis we are fighting so hard to mitigate, putting more Marylanders at risk of death or debilitating substance use disorders.

The opioids crisis, the extensive litigation, the over 27,000 Marylanders killed by opioids, and the approximately 5 Marylanders that die each day from opioids has taught us that licensing, the

Maryland Prescription Drug Monitoring Program, and other laws and policies alone are not enough to prevent bad actors from over-prescribing and over-dispensing opioids and other controlled substances. Reducing the protections that are currently in place to protect consumers from unsafe over-prescribing and fraud would only make it much easier for bad actors to continue their harmful practices.

As written, HB869 allows the prescribing of Schedule II controlled substances through audio-only telecommunication. This format of telehealth limits the health care practitioner's ability to fully consider warning signs for substance abuse disorder or overdose risk, such as confusion or sedation, as well as the patient's physical condition and appearance. The amendment added to the House bill, which is not present in the Senate version of the telehealth bill (SB372), is not narrowly tailored to address concerns raised by the hospital community such as caring for particularly vulnerable patient populations (*e.g.*, cancer or sickle cell patients with immune suppression conditions) or distinguish between the practice area of the prescribing physician. Unlike HB869, proposed federal rulemaking in the telehealth space would limit the prescribers who could prescribe Schedule II controlled substances to those who have a legitimate need, and only for the most compelling cases, ensuring that Schedule II prescribing via telemedicine is used only when necessary and would *only* permit the telehealth prescription of Schedule II controlled substances through audio-visual telecommunication.<sup>1</sup> It would be less than prudent for Maryland to get out ahead of the federal government on this life and death issue, potentially allowing for less stringent laws than the federal government finds advisable after substantial rulemaking, public listening sessions and more than 38,000 comments.

For these reasons we urge the Committee to retain the provision limiting telehealth prescribing of Schedule II substances for pain management and otherwise issue a favorable report.

---

<sup>1</sup> See Special Registrations for Telemedicine and Limited State Telemedicine Registrations, 90 Fed. Reg. 6541 (proposed Jan. 17, 2025) (to be codified at 21 CFR Parts 1300, 1301, 1304, and 1306), available at <https://www.federalregister.gov/documents/2025/01/17/2025-01099/special-registrations-for-telemedicine-and-limited-state-telemedicine-registrations>.

**CPD Amendments**

On Page 4, starting at line 20 through line 27 ending at “a,” remove the brackets.



# **HB0869 crossfile FWA - Preserve Telehealth Access**

Uploaded by: Richard KAP Kaplowitz

Position: FWA

HB0869\_Crossfile Bill\_RichardKaplowitz\_FWA  
03/20/2025  
Richard Keith Kaplowitz  
Frederick, MD 21703

**TESTIMONY ON HB#/0869 - POSITION: FAVORABLE WITH AMENDMENTS**

**Preserve Telehealth Access Act of 2025**

**TO:** Chair Beidle, Vice Chair Hayes and members of the Finance Committee  
**FROM:** Richard Keith Kaplowitz

**My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support with its amendments of cross-filed bill HB0869, Preserve Telehealth Access Act of 2025**

This House Bill HB0869 was passed with amendments unanimously on 02/27/25. The cross filed SB0372 was passed with amendments unanimously on 02/20/25. Please reconcile these bills for passage.

**I respectfully urge this committee to return a favorable report with its amendments on cross-filed bill HB0869.**

**UNFAVORABLE.HB869.SB372.MDRTL.LauraBogley.pdf**

Uploaded by: Laura Bogley

Position: UNF



**UNFAVORABLE/SEEKING AMENDMENT**  
**HB869/SB372 Preserve Telehealth Access Act of 2025**

Maryland Right to Life, Inc.

Laura Bogley, JD

Executive Director

On behalf of our Board of Directors and chapters across the state, we respectfully object to HB369/SB372 *as written* and urge your amendment. While “telehealth” is a worthwhile goal for Maryland, “**teledeath**” must be expressly excluded from all telehealth policy.

State telehealth policies have enabled “teleabortion” - the mass distribution of chemical abortion drugs and “Do-It-Yourself” abortions - which increases the risk of injury and death for women and girls in Maryland. Teleabortion deprives pregnant women access to comprehensive care that includes a physical examination by a licensed obstetrician to determine whether the woman is eligible for and consents to chemical abortion.

Public policy has failed to keep pace with the abortion industry’s rapid deployment of chemical abortion drugs. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion drugs.

**“D-I-Y” Abortion Drugs Endanger Women and Children**

“Teleabortion” is the remote prescription and administration of chemical abortion drugs Mifepristone and Misoprostol to cause abortion, without examination by a medical provider.

The abortion industry’s radical agenda to indiscriminately sell “D-I-Y” abortions is normalizing “back alley abortions” where women self administer and hemorrhage without medical supervision or assistance. The discreet deliverability of abortion drugs through teleabortion puts women at risk of coerced abortion and allows sexual predators and pedophiles to hide their crimes and continue to harm their victims.

While the abortion industry claims that chemical abortion is safe and easy, this method is **four times more dangerous than surgical abortions**. At least 20% of women obtaining chemical abortions experience complications including severe uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA).

There are many potential negative consequences to teleabortion policies which ultimately demonstrate the state’s disregard for the health of women and children. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the



body's rejection of future pregnancies. Catastrophic complications can occur through teleabortion, and emergency care may not be readily available in remote or underserved areas.

The FDA warns these drugs fail to deliver a complete abortion 2-7% of the time. Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported. With the widespread distribution of chemical abortion drugs, the demand on Emergency Room personnel to deal with abortion complications has increased 500%, increasing medical scarcity and threatening the conscience rights of medical providers.

### **Abuse of Abortion Drugs**

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Because of the deregulation of abortion drugs, we are seeing many examples across the nation of individuals being prosecuted for coercing women into ingesting abortion drugs without their knowledge or consent, most often resulting in miscarriage. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive partners all take advantage of easily available chemical abortion drugs. (See Article: <https://www.independent.co.uk/news/world/americas/massachusetts-abortion-pill-boyfriend-charged-robert-kawada-b2553243.html> )

### **State Teleabortion Policies**

The Maryland General Assembly has removed nearly all safeguards in law for women and girls seeking abortions. Through the *Abortion Care Access Act* of 2022, the Assembly authorized non-physicians to perform or provide abortions and appropriated millions annually in taxpayer funds to train and certify this substandard abortion workforce. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion drugs. These non-physician abortion providers provide teleabortion drugs and are eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from abortion drug manufacturers. However, under Maryland law both abortion drug manufacturers and distributors are shielded from liability.

In 2021 and 2022, the Maryland General Assembly enacted several telehealth bills into law as supposed Covid measures, all of which Maryland Right to Life opposed. These laws expanded teleabortion through remote distribution chains of abortion drugs including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for teleabortion through Medicaid and Family Planning Program dollars.

In 2024 the Assembly authorized telehealth appointments for k-12 students, through which children can be prescribed and sent chemical abortion drugs without parental notification or consent. The abortion industry already is selling chemical abortion drugs to girls over the phone or computer, without parental



consent and without examination by a healthcare provider, including through websites like *PlanCpills.org*.

The remote sale and distribution of abortion drugs through school telehealth, poses a serious risk to the health and safety of school children and is an egregious violation of parent trust. Educators and school health providers are Mandatory Reporters of suspected sexual abuse. Instead of protecting children from sexual assault, Maryland schools are now part of the abortion drug distribution chain.

### **FDA Puts Politics Before Patients**

The Food and Drug Administration (FDA) restrictions on the sale of chemical abortion drugs are necessary regulations to protect the health and safety of women and girls from improper use and resulting injury. But under pressure from the Biden administration, and democrat attorneys general, including Brian Frosh, the FDA removed critical safeguards on the remote sale and distribution of chemical abortion drugs through teleabortion.

Previously, the FDA required that abortion drugs be distributed only under the supervision of a qualified healthcare provider because of the drug's potential for serious complications including but not limited to, severe hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. A physician's examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for failed chemical abortions.

In 2020, Maryland Attorney General Brian Frosh, joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice teleabortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

In December of 2021, the FDA announced that it would no longer require that the drugs be dispensed in person to the patient and would no longer limit distribution to prescribers and their offices. The FDA still requires that, in order to prescribe the drug, the prescriber certify their ability to assess the duration of the pregnancy and diagnose ectopic pregnancies. However no physical examinations are required in this new protocol putting women and girls at risk of misdiagnosis and improper use of the drugs.

[Lawsuit against Planned Parenthood: Abortion pill caused toilet delivery of 'fully formed' 30-week baby \(liveaction.org\)](#)



### **Adopt Reasonable Health and Safety Standards**

The growing reliance on chemical abortion underscores the need for a state protocol for the use of abortion drugs including informed consent specific to the efficacy, complications and abortion pill reversal therapy. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drugs' potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

**The Maryland General Assembly must put patient safety before abortion politics and profits. We strongly urge the bill sponsor to amend the language of this bill to exclude its application to teleabortion and the remote prescription and distribution of dangerous chemical abortion drugs. Otherwise we urge your unfavorable report.**