JOHNS HOPKINS
UNIVERSITY & MEDICINE

SB372
Favorable with Amendments

TO: The Honorable Joseline Pena-Melnyk, Chair
House Health and Government Operations Committee

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

DATE: March 20, 2025

RE: SB372 PRESERVE TELEHALTH ACCESS ACT OF 2025

Johns Hopkins **supports SB372 Preserve Telehealth Access Act of 2025** with the amendments added by the House on the crossfile HB869. 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, as suggested considered in the crossfile. 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 could 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 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 with amendments report on SB372.