

**Department of Legislative Services**  
 Maryland General Assembly  
 2025 Session

**FISCAL AND POLICY NOTE**  
**Enrolled - Revised**

Senate Bill 372  
 Finance

(Senator Beidle, *et al.*)

Health and Government Operations

**Preserve Telehealth Access Act of 2025**

This bill makes permanent the provisions of law that specify that (1) “telehealth” includes specified audio-only telephone conversations between a health care provider and a patient and (2) reimbursement for a telehealth service must be made on the same basis and at the same rate as if the service were delivered in person. These provisions apply to both Medicaid and commercial health insurance. The bill authorizes a health care practitioner to prescribe a Schedule II opiate for the treatment of pain through telehealth under specified circumstances. The Maryland Health Care Commission (MHCC) must submit a specified report on telehealth to the Governor and the General Assembly by December 1, 2026, and every four years thereafter. **The bill takes effect June 1, 2025.**

**Fiscal Summary**

**State Effect:** No effect in FY 2025. Special fund revenues for the Maryland Insurance Administration decrease minimally in FY 2026 only. MHCC special fund expenditures increase by \$100,000 in FY 2027 (and every four years thereafter) to complete the report. Medicaid expenditures (and federal fund revenues) for telehealth services continue beyond FY 2025. Any impact on overall Medicaid expenditures is indeterminate. No material impact on the State Employee and Retiree Health and Welfare Benefits Program.

(in dollars)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
SF Revenue	(-)	\$0	\$0	\$0	\$0
FF Revenue	-	-	-	-	-
SF Expenditure	\$0	\$100,000	\$0	\$0	\$0
GF/FF Exp.	-	-	-	-	-
Net Effect	(\$-)	(\$100,000)	(\$-)	(\$-)	(\$-)

*Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** Potential increase in expenditures for some local governments to continue to reimburse for certain telehealth services. Revenues are not affected.

**Small Business Effect:** Meaningful.

## **Analysis**

### **Bill Summary/Current Law:**

#### *Medicaid*

Under current law, the definition of “telehealth” includes (1) synchronous and asynchronous interactions; (2) from July 1, 2021, through June 30, 2025, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service; and (3) remote patient monitoring services. “Telehealth” does not include the provision of health care services solely through an audio-only telephone conversation (with the exception of the temporary provision for fiscal 2022 through 2025), an email message, or a facsimile transmission.

From July 1, 2021, through June 30, 2025, Medicaid must provide reimbursement for services appropriately provided through telehealth on the same basis and at the same rate as if the health care service were delivered in person. Reimbursement does not include (1) clinic facility fees, except as specified or (2) any room and board fees.

The bill makes permanent the inclusion of an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service in the definition of “telehealth” and requires Medicaid to permanently reimburse for services appropriately provided through telehealth, as specified.

#### *Health Insurance*

The definition of “telehealth” includes, from July 1, 2021, through June 30, 2025, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service.

From July 1, 2021, through June 30, 2025, a carrier must provide reimbursement for a health care service appropriately provided through telehealth on the same basis and at the same rate as if the health care service were delivered in person. Reimbursement does not include (1) clinic facility fees, except as specified or (2) any room and board fees.

The bill makes permanent the inclusion of an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service in the definition of “telehealth” and requires a carrier to permanently reimburse for services appropriately provided through telehealth, as specified.

### *Prescribing Controlled Dangerous Substances Via Telehealth*

Under § 1-1003 of the Health Occupations Article, a health care practitioner may not prescribe a Schedule II opiate for the treatment of pain through telehealth unless (1) the individual receiving the prescription is in a health care facility or (2) the Governor has declared a state of emergency due to a catastrophic health emergency. A health care practitioner who, through telehealth, prescribes a controlled dangerous substance (CDS) is subject to any applicable regulation, limitation, and prohibition in federal and State law relating to the prescription of CDS.

The bill authorizes a health care practitioner to prescribe a Schedule II opiate for the treatment of pain through telehealth if there is an established *bona fide* practitioner-patient relationship in which the health care practitioner has ongoing responsibility for the assessment, care, and treatment of the patient. Furthermore, the health care practitioner (or another health care practitioner in the same group practice) must also have previously conducted an in-person assessment of the patient.

### *Maryland Health Care Commission Reports on Telehealth*

Chapters 290 and 291 of 2023, among other actions, required 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, and report to the General Assembly by December 1, 2024. MHCC submitted the [report](#) in October 2024.

Under the bill, by December 1, 2026, and every four years thereafter, MHCC must submit a report to the Governor and the General Assembly on (1) advances or developments in the area of telehealth, including evolving modalities of telehealth delivery and changes in the costs of delivering telehealth services and (2) any findings or recommendations of MHCC.

**State Expenditures:** MHCC advises that additional resources are required to complete the telehealth report every four years, the first of which is due by December 1, 2026. Thus, special fund expenditures increase by an estimated \$100,000 in fiscal 2027 (and every four years thereafter) for contractual services to research advances or developments in telehealth, evolving modalities, and changes in the cost of delivering telehealth services.

**Small Business Effect:** Health care providers can continue to receive reimbursement for telehealth services provided through audio-only conversations beyond fiscal 2025. Medicaid and carriers must permanently reimburse health care providers for telehealth services on the same basis and at the same rate as if the service were delivered in person.

## **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** HB 869 (Delegate Pena-Melnyk, *et al.*) - Health and Government Operations.

**Information Source(s):** Department of Budget and Management; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

**Fiscal Note History:**      First Reader - February 4, 2025  
caw/ljm                      Third Reader - March 20, 2025  
   Revised - Amendment(s) - March 20, 2025  
   Enrolled - April 3, 2025  
   Revised - Amendment(s) - April 3, 2025

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