

# HOUSE BILL 869

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CF SB 372

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By: Delegates Pena–Melnyk, Bagnall, Cullison, Kerr, ~~and Rosenberg~~ Rosenberg, Alston, Bhandari, Chisholm, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kipke, Lopez, Martinez, M. Morgan, Reilly, Szeliga, Taveras, White Holland, Woods, and Woorman

Introduced and read first time: January 30, 2025

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 22, 2025

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Preserve Telehealth Access Act of 2025**

3 FOR the purpose of repealing the limitation on the period during which certain audio–only  
4 telephone conversations are included under the definition of “telehealth” for the  
5 purpose of certain provisions of law relating to reimbursement and coverage of  
6 telehealth by the Maryland Medical Assistance Program and certain insurers,  
7 nonprofit health service plans, and health maintenance organizations; repealing the  
8 limitation on the period during which the Program and certain insurers, nonprofit  
9 health service plans, and health maintenance organizations are required to provide  
10 reimbursement for certain health care services provided through telehealth on a  
11 certain basis and at a certain rate; repealing the prohibition on health care  
12 practitioners prescribing certain controlled dangerous substances for the treatment  
13 of pain through telehealth; requiring the Maryland Health Care Commission to  
14 submit a certain report regarding telehealth every certain number of years; and  
15 generally relating to the provision, coverage, and reimbursement of health care  
16 services delivered through telehealth.

17 BY repealing and reenacting, with amendments,  
18 Article – Health – General  
19 Section 15–141.2(a)(7) and (g)  
20 Annotated Code of Maryland  
21 (2023 Replacement Volume and 2024 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 BY adding to  
 2 Article – Health – General  
 3 Section 19–108.6  
 4 Annotated Code of Maryland  
 5 (2023 Replacement Volume and 2024 Supplement)

6 BY repealing and reenacting, with amendments,  
 7 Article – Health Occupations  
 8 Section 1–1003  
 9 Annotated Code of Maryland  
 10 (2021 Replacement Volume and 2024 Supplement)

11 BY repealing and reenacting, with amendments,  
 12 Article – Insurance  
 13 Section 15–139(a) and (d)  
 14 Annotated Code of Maryland  
 15 (2017 Replacement Volume and 2024 Supplement)

16 BY repealing and reenacting, without amendments,  
 17 Article – Insurance  
 18 Section 15–139(b) and (c)  
 19 Annotated Code of Maryland  
 20 (2017 Replacement Volume and 2024 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
 22 That the Laws of Maryland read as follows:

23 **Article – Health – General**

24 15–141.2.

25 (a) (7) (i) “Telehealth” means the delivery of medically necessary somatic,  
 26 dental, or behavioral health services to a patient at an originating site by a distant site  
 27 provider through the use of technology–assisted communication.

28 (ii) “Telehealth” includes:

29 1. Synchronous and asynchronous interactions;

30 2. [From July 1, 2021, to June 30, 2025, both inclusive, an]  
 31 AN audio–only telephone conversation between a health care provider and a patient that  
 32 results in the delivery of a billable, covered health care service; and

33 3. Remote patient monitoring services.

1 (iii) “Telehealth” does not include the provision of health care  
2 services solely through:

3 1. Except as provided in subparagraph (ii)2 of this  
4 paragraph, an audio-only telephone conversation;

5 2. An e-mail message; or

6 3. A facsimile transmission.

7 (g) (1) Subject to paragraph (3) of this subsection, the Program shall  
8 reimburse a health care provider for the diagnosis, consultation, and treatment of a  
9 Program recipient for a health care service covered by the Program that can be  
10 appropriately provided through telehealth.

11 (2) This subsection does not require the Program to reimburse a health  
12 care provider for a health care service delivered in person or through telehealth that is:

13 (i) Not a covered health care service under the Program; or

14 (ii) Delivered by an out-of-network provider unless the health care  
15 service is a self-referred service authorized under the Program.

16 (3) (i) [From July 1, 2021, to June 30, 2025, both inclusive, when]  
17 **WHEN** appropriately provided through telehealth, the Program shall provide  
18 reimbursement in accordance with paragraph (1) of this subsection on the same basis and  
19 the same rate as if the health care service were delivered by the health care provider in  
20 person.

21 (ii) The reimbursement required under subparagraph (i) of this  
22 paragraph does not include:

23 1. Clinic facility fees unless the health care service is  
24 provided by a health care provider not authorized to bill a professional fee separately for  
25 the health care service; or

26 2. Any room and board fees.

27 **19-108.6.**

28 **ON OR BEFORE DECEMBER 1 EVERY 4 YEARS, BEGINNING IN 2026, THE**  
29 **COMMISSION SHALL SUBMIT A REPORT TO THE GOVERNOR AND, IN ACCORDANCE**  
30 **WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY**  
31 **THAT INCLUDES:**

1           **(1) ADVANCES OR DEVELOPMENTS IN THE AREA OF TELEHEALTH,**  
2 **INCLUDING:**

3                   **(I) EVOLVING MODALITIES OF TELEHEALTH DELIVERY; AND**

4                   **(II) CHANGES IN THE COSTS OF DELIVERING TELEHEALTH**  
5 **SERVICES; AND**

6           **(2) ANY FINDINGS OR RECOMMENDATIONS OF THE COMMISSION.**

7                                   **Article – Health Occupations**

8 1–1003.

9           (a) A health care practitioner providing telehealth services shall:

10                   (1) Be held to the same standards of practice that are applicable to  
11 in–person health care settings; and

12                   (2) If clinically appropriate for the patient, provide or refer a patient to  
13 in–person health care services or another type of telehealth service.

14           (b) (1) A health care practitioner shall perform a clinical evaluation that is  
15 appropriate for the patient and the condition with which the patient presents before  
16 providing treatment or issuing a prescription through telehealth.

17                   (2) A health care practitioner may use a synchronous telehealth interaction  
18 or an asynchronous telehealth interaction to perform the clinical evaluation required under  
19 paragraph (1) of this subsection.

20           (c) **[(1) A health care practitioner may not prescribe an opiate described in the**  
21 **list of Schedule II substances under § 5–403 of the Criminal Law Article for the treatment**  
22 **of pain through telehealth, unless:**

23                           (i) The individual receiving the prescription is a patient in a health  
24 care facility, as defined in § 19–114 of the Health – General Article; or

25                           (ii) The Governor has declared a state of emergency due to a  
26 catastrophic health emergency.

27                   (2) Subject to paragraph (1) of this subsection, a] A health care practitioner  
28 who through telehealth prescribes a controlled dangerous substance, as defined in § 5–101  
29 of the Criminal Law Article, is subject to any applicable regulation, limitation, and  
30 prohibition in federal and State law relating to the prescription of controlled dangerous  
31 substances.

## Article – Insurance

1  
2 15–139.

3 (a) (1) In this section, “telehealth” means, as it relates to the delivery of health  
4 care services, the use of interactive audio, video, or other telecommunications or electronic  
5 technology by a licensed health care provider to deliver a health care service within the  
6 scope of practice of the health care provider at a location other than the location of the  
7 patient.

8 (2) “Telehealth” includes [from July 1, 2021, to June 30, 2025, both  
9 inclusive,] an audio–only telephone conversation between a health care provider and a  
10 patient that results in the delivery of a billable, covered health care service.

11 (3) “Telehealth” does not include:

12 (i) except as provided in paragraph (2) of this subsection, an  
13 audio–only telephone conversation between a health care provider and a patient;

14 (ii) an electronic mail message between a health care provider and a  
15 patient; or

16 (iii) a facsimile transmission between a health care provider and a  
17 patient.

18 (b) This section applies to:

19 (1) insurers and nonprofit health service plans that provide hospital,  
20 medical, or surgical benefits to individuals or groups on an expense–incurred basis under  
21 health insurance policies or contracts that are issued or delivered in the State; and

22 (2) health maintenance organizations that provide hospital, medical, or  
23 surgical benefits to individuals or groups under contracts that are issued or delivered in  
24 the State.

25 (c) (1) An entity subject to this section:

26 (i) shall provide coverage under a health insurance policy or  
27 contract for health care services appropriately delivered through telehealth regardless of  
28 the location of the patient at the time the telehealth services are provided;

29 (ii) may not exclude from coverage a health care service solely  
30 because it is provided through telehealth and is not provided through an in–person  
31 consultation or contact between a health care provider and a patient; and

32 (iii) may not exclude from coverage or deny coverage for a behavioral  
33 health care service that is a covered benefit under a health insurance policy or contract

1 when provided in person solely because the behavioral health care service may also be  
2 provided through a covered telehealth benefit.

3 (2) The health care services appropriately delivered through telehealth  
4 shall include counseling and treatment for substance use disorders and mental health  
5 conditions.

6 (d) (1) Subject to paragraph (2) of this subsection, an entity subject to this  
7 section:

8 (i) shall reimburse a health care provider for the diagnosis,  
9 consultation, and treatment of an insured patient for a health care service covered under a  
10 health insurance policy or contract that can be appropriately provided through telehealth;

11 (ii) is not required to:

12 1. reimburse a health care provider for a health care service  
13 delivered in person or through telehealth that is not a covered benefit under the health  
14 insurance policy or contract; or

15 2. reimburse a health care provider who is not a covered  
16 provider under the health insurance policy or contract; and

17 (iii) 1. may impose a deductible, copayment, or coinsurance  
18 amount on benefits for health care services that are delivered either through an in-person  
19 consultation or through telehealth;

20 2. may impose an annual dollar maximum as permitted by  
21 federal law; and

22 3. may not impose a lifetime dollar maximum.

23 (2) (i) [From July 1, 2021, to June 30, 2025, both inclusive, when]  
24 **WHEN** a health care service is appropriately provided through telehealth, an entity subject  
25 to this section shall provide reimbursement in accordance with paragraph (1)(i) of this  
26 subsection on the same basis and at the same rate as if the health care service were  
27 delivered by the health care provider in person.

28 (ii) The reimbursement required under subparagraph (i) of this  
29 paragraph does not include:

30 1. clinic facility fees unless the health care service is  
31 provided by a health care provider not authorized to bill a professional fee separately for  
32 the health care service; or

33 2. any room and board fees.

1 (iii) This paragraph may not be construed to supersede the authority  
2 of the Health Services Cost Review Commission to set the appropriate rates for hospitals,  
3 including setting the hospital facility fee for hospital–provided telehealth.

4 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June  
5 1, 2025.

Approved:

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Governor.

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Speaker of the House of Delegates.

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President of the Senate.