2021 KEY LEGISLATIVE ISSUE

TELEHEALTH

SUPPORT PERMANENT ADOPTION OF AUTHORIZED TELEHEALTH SERVICES AND PAYER REQUIREMENTS FOR TELEHEALTH REIMBURSEMENT PARITY

PROBLEM: The COVID-19 pandemic has illustrated that the use of telehealth is an important enhancement to the services utilized by physicians to keep connected to their patients, thereby improving access and patient outcomes. However, it has also shown the weaknesses in Maryland’s current telehealth law. While the federal waivers granted during the COVID-19 public health emergency expanded Maryland’s law to address the use of audio-only and other provisions, these waivers will cease upon the conclusion of the pandemic. Maryland must make these enhancements permanent to ensure that the benefits associated with expanded telehealth authority are maintained after the end of the COVID-19 public health emergency.

BACKGROUND: Last Session, prior to the COVID-19 pandemic, House Bill 448/Senate Bill 402: Health Care Practitioners – Telehealth and Shortage was initially opposed by MedChi and other health care provider organizations as being an overreach due to the bill allowing for asynchronous interaction without the need for any in-person visit. MedChi expressed caution about moving too quickly in allowing medicine to be practiced solely using apps and other electronic means. However, with the enactment of the legislation coupled with the expansion of authority to use telehealth services through COVID-19 Executive Orders, the critical importance of the permanent expansion of telehealth services has been embraced by the physician community, as well as other health care professionals and facilities.

Specific provisions that must be addressed in legislation include:

- Retention of audio-only as an authorized modality of telehealth coverage. This is particularly important in areas of the State where internet coverage is weak, for the elderly or disabled persons who may not be able to easily access telehealth services through visual means; and for low income residents who may not be able to afford access to other modalities.
- Retention of authorization that patients will be able to receive telehealth services in the patient’s home or wherever the patient may be located with appropriate privacy protections to address access to care challenges related to transportation, safety, and disability challenges.
- Clarify provisions that address mental health and substance use disorder services to ensure they are authorized to be provided by telehealth and comply with federal parity requirements. Behavioral health telehealth service authorization is particularly critical as the incidence of mental health and substance abuse disorders continues to increase.
- Address payment for telehealth services by requiring insurers to reimburse the same for a telehealth service or visit as an equivalent in person visit with the patient’s decision whether to receive services through telehealth or an in-person visit.

SOLUTION: MedChi will support legislation that reflects the above authorizations and requirements to ensure that telehealth can continue to be a critical component of the health care delivery system that enhances access to and continuity of care as well as health outcomes.

WHAT TO DO: Call/write/e-mail members of the Senate Finance and Education, Health, and Environmental Affairs Committees and the House Health and Government Operations Committee to ask them to support bills which will permanently expand the authority for the provision of telehealth services and require reimbursement parity with in-person services. Contact MedChi for legislative contact information at 1-800-492-1056.