



Maryland
Hospital Association

Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings

Position: *Support*

February 19, 2020

Senate Finance Committee

MHA Position

Maryland's 61 nonprofit hospitals and health systems care for millions of people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day—delivering leading edge, high-quality medical service and investing a combined \$1.75 billion in their communities, expanding access to housing, education, transportation, and food.

Increasingly hospitals are adopting telehealth and virtual visits to expand access to care and remove barriers to health services for Marylanders. Telehealth can help address physician shortages, stretch behavioral health care capabilities, and improve efficiencies. Telehealth opens the door to new delivery models that extend the reach of the provider to where patients need care—anytime, anyplace. In support of the Centers for Medicare & Medicaid Services' recent policy change permitting telehealth benefits within Medicare Advantage (MA), CMS wrote “the use of telehealth as a care delivery option for MA enrollees may improve access to and timeliness of needed care, increase convenience for patients, increase communication between providers and patients, enhance care coordination, improve quality, and reduce costs related to in-person care.”¹

SB 502 expands access telehealth to Marylanders who need it most—those who receive Medicaid benefits. For patients with immunocompromised conditions or socioeconomic barriers, such as a lack of transportation, traveling to a single appointment with a behavioral health specialist is difficult—leading to treatment interruptions and noncompliance. The flexibility of telehealth also supports caretakers, who often put their lives on hold to bring their loved ones to the care they need.² We have heard testimonials from patient families who attributed their ability to break the cycle of generational poverty to this simple adjustment, which allowed the patient's needs to be fully met without needlessly sacrificing the caretaker's invaluable time for higher education or work.

In recognition of the immeasurable value telehealth can bring to the Medicaid population, last year MHA convened a group of member hospitals with targeted behavioral health services to

¹ 84 Federal Register 15680, 15683 (April 16, 2019), www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare.

² Chiang LC, Chen WC, Dai YT, Ho YL. The effectiveness of telehealth care on caregiver burden, mastery of stress, and family function among family caregivers of heart failure patients: A quasi-experimental study. www.ncbi.nlm.nih.gov/pubmed/22633448.

determine how implementation of a Maryland Medicaid Remote Behavioral Services Pilot can reduce access barriers for this population and ensure continuity of care. Due to financial constraints, however, this pilot was only intended for a subset of the Medicaid population. The passage of SB 502 would bypass the pilot stage and bring these services to all who need it.

The Maryland Model encourages unique approaches to caring for patients in the community and improving population health. The proposed legislation is an important step to expand access to essential health care services and assist in meeting the goals of the Maryland Total Cost of Care Model.

For these reasons, we urge you to give SB 502 a *favorable* report.

For more information, please contact:

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Mt. Washington Pediatric Hospital

Where Children Go to Heal and Grow

An affiliate of University of Maryland Medical System and Johns Hopkins Medicine

February 18, 2020

Senate Bill 502- Health Insurance- Telehealth- Delivery of Mental Health Services- Coverage for Home Settings

Position: Support

Dear Chair of Senate Finance and Committee Members,

On behalf of the Administration and the Department of Psychology at Mt. Washington Pediatric Hospital, we are pleased to offer written testimony in support of Senate Bill 502 (Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings). We strongly support the initiative to increase access to telepsychology services to Maryland Medicaid patients in their homes.

The mission of Mt. Washington Pediatric Hospital is to maximize the health and independence of the children and families we serve. Pediatric Psychology is an important component of our services that is in high demand among our patient population. However, there are often significant barriers to patient attendance at hospital-based appointments.

Patient and families report to our staff that they often cannot attend appointments because of a lack of access to affordable transportation, incompatibility with their existing work schedules, and conflicts with academic demands. In addition, we see patients who travel more than three hours for a one-hour appointment because they are unable to find providers close to their homes. As a result, a growing number of patients have requested appointments via telephone or videoconferencing. While commercial payers have begun to reimburse for telepsychology, children receiving Medicaid do not have access to this type of care as it is not covered.

In 2017, the Mt. Washington Pediatric Foundation agreed to fund a limited number of Medicaid families who would benefit from remote mental health services via telepsychology. This internal grant was intended to target families with significant geographic, financial, educational and physical barriers to consistent in-person attendance at our facility. The grant has covered services:

1. For Medicaid families where the parents do not have transportation, and who cannot use Medicaid transportation because it does not allow siblings;
2. For patients who attend college in Maryland and have been able to remain with their current therapist;

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3. For families where the parents both work and attend school, and cannot spare the time to drive to the hospital, but can make the child available at home;
4. For patients in our Diabetes, primary care and other medical clinics, who are more likely to adhere to their medical regimens if they have more frequent contact with their psychologist, and therefore avoid costly medical complications.
5. For patients in the MWPH specialty program in feeding disorders, where it has been a great advantage to be able to work with families in the actual setting in which they are feeding their children.

Families have reported that they are pleased with the quality of the technology and that they appreciate the convenience. They have demonstrated outcomes that are similar to what is seen for families and children provided with traditional therapy within our hospital.

Telepsychology services have been highly beneficial to the families that have been funded through the grant. SB 502 would bring these benefits to more families who are unable to access the care they need for their children, improving health and avoiding future costs.

Thank you

SIGNED ELECTRONICALLY

Mary Miller
Chief Financial Officer

SIGNED ELECTRONICALLY

Steven Band, Ph.D.
Director of Psychology and Neuropsychology

SIGNED ELECTRONICALLY

Kenneth Gelfand, Ph.D.
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TO: The Honorable Delores G. Kelley, Chair
Senate Finance

FROM: Deirdre Johnston, M.D.
Assistant Professor of Psychiatry and Behavioral Sciences
Johns Hopkins Medicine

DATE: February 19, 2020

Johns Hopkins supports **Senate Bill 502 Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings**. SB 502 will require the Maryland Medical Assistance Program to provide mental health services to be delivered through telehealth in a patient’s home setting.

Johns Hopkins has made significant investments in innovative telehealth projects throughout the state of Maryland. Telehealth can be a powerful tool to address physician shortages, and at the same time expand access to behavioral health services. Provider efficiencies may be improved through decreased travel time and time off work, resulting in lower total cost of care. We have launched pilots in several of our departments aimed at using telehealth to provide care in both traditional and nontraditional settings. However, Maryland Medicaid current restrictive coverage of telehealth services continues to limit severely our ability to serve patients in that program.

The Johns Hopkins programs that best demonstrate the need for coverage of Medicaid expansion in the patient’s home setting:

- The Psychogeriatric Assessment and Treatment in City Housing (PATCH) program allows for Johns Hopkins experts to deliver mental health treatment and support to seniors with mental illness or dementia, and their caregivers, who live in Baltimore City and other subsidized housing. A registered nurse visits the patient at home and consults with a psychiatrist at a remote location. Frail older persons, particularly those with dementia, and their caregivers often have difficulty getting to the doctor’s office, and both the patient and the caregiver benefit from live video consultations in the home setting.
- The Johns Hopkins Assertive Community Treatment (ACT) program on Caroline Street follows adults with severe chronic mental illness in Baltimore City. The interdisciplinary ACT team provides in-home mental health treatment to approximately 80 patients with complicated psychiatric and medical multimorbidity. The team evaluates most patients in the home setting, at least weekly, and more

frequently when needed. This program performs about one to six mobile telehealth physician total visits a month in addition to face-to-face visits. These patients may have trouble adhering to primary care, and complications of their diabetes, COPD, hypertension, and other chronic medical comorbidities are a constant concern. The ACT team is currently applying for pilot funding to test the use of mobile telehealth with the aim of improving access to primary care.

These programs have been incredibly successful in improving the quality of care to the vulnerable patients they serve and reducing health care costs. This bill will remove restrictions of Medicaid in home settings for mental health services and will enable Johns Hopkins to continue to expand these services within the community. For these reasons, Johns Hopkins urges a **favorable report on Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings.**

cc: Members of Senate Finance
Senator Delores G. Kelley



DATE: February 19, 2020 **COMMITTEE:** Senate Finance
BILL NO: Senate Bill 502
BILL TITLE: Health Insurance – Telehealth – Delivery of Mental Health Services –
Coverage for Home Settings
POSITION: Support

Kennedy Krieger Institute supports Senate Bill 502 – Health Insurance – Telehealth – Delivery of Mental Health Services – Coverage for Home Settings.

Bill Summary:

Senate Bill 502 establishes a Maryland Medicaid Mental Health Telehealth pilot that allows for reimbursement for patients in a home setting.

Background:

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs.

Medicaid Services: Kennedy Krieger serves approximately 25,000 families per year, of whom a third are Medicaid recipients.

Telehealth Services: Kennedy Krieger Telehealth services include education, consultation, diagnosis, and direct in-home treatments. The in-home services are most directly relevant to this Senate Bill and currently include behavioral assessment and intervention for a range of behavior problems, skill deficits, and relationship problems secondary to a variety of diagnoses such as ADHD, autism, anxiety, depression, and adjustment disorder for ages ranging from toddlers to young adults. Families connect with their therapist through a secure, HIPAA-compliant web-based portal from the privacy of their homes. Necessary equipment includes WiFi service and a telephone, tablet, laptop or desktop with a built-in or USB camera.

Rationale:

In-home telehealth services are feasible, efficient, and effective, and they allow families across the state access to the highest quality of services and providers available. The primary purpose is to: (a) provide services to Maryland families having no access to quality care; and (b) lower the cost associated with the continued lack of proper treatment. The quality of care is directly related to the ability to be reimbursed, which is an important consideration for telehealth.

Telehealth increases access to care, makes services more accessible for families, and reduces travel time and expenses. Therapists are able to see the child and family in the home setting, where the majority of the problems occur. Sessions can be scheduled at the convenience of the families, rather than clinic hours.

Evidence-Based Outcomes To Date (based on over 600 Telehealth sessions): Decreases in problem behaviors and increases in adaptive skills for telehealth cases are comparable to results for clinic-based cases, whereas no treatment wait-groups show no improvement or worsening of status. Similarly, decreases in parenting stress and depression are comparable for telehealth and clinic-based services. In addition, parents report therapeutic rapport to be as strong with telehealth services as with clinic-based services.

Kennedy Krieger Institute requests a favorable report on Senate Bill 502.