

HB 1208 Maryland Medical Assistance Program - Telehealth - Pilot Program

House Health and Government Operations Committee

March 4, 2020

**SUPPORT**

The requirement that a recipient of telehealth services must be present at a health care facility (the originating site) at the exact time that a provider at a distant site is ready – severely limits their value. Accessing services from home would immensely enhance their effectiveness.

For those without resources or support to easily navigate public transportation, who are home bound, or who find it difficult to travel for every health visit, this requirement effectively prevents access.

Missed appointments and lack of engagement are common and serious problems in all healthcare settings, undoubtedly exacerbated by the inconvenience of traveling to scheduled appointments.

These occur even more often in behavioral health treatment. Physical or psychological challenges can contribute. **Irregular follow-up is a common contributor to unsuccessful treatment.**

In addition, asynchronous telehealth allows communication without the requirement that both parties arrange to be available simultaneously. Because of this convenience and accessibility, asynchronous communication has become a ubiquitous and indispensable means of communicating in modern life. Currently, the need to wait for a mutually agreed-upon time for direct communication limits the frequency and timeliness of health care communication, which is often time-sensitive. This results in barriers to accessing care for ordinary citizens, especially those in rural areas, those experiencing poverty, and those with limited support networks and health care challenges.

Patients with behavioral health conditions are likely to face the greatest challenges in making arrangements to communicate with health care providers at a particular time or place.

The critical shortage of behavioral health providers is the number one barrier limiting access to care. Accessible telehealth has the potential to ameliorate this barrier relatively quickly. With the current opioid epidemic and the rising suicide rate, these advances are urgently.

Health services with telehealth are held to the same standards of practice that apply to in-person health care settings, including the prescribing of controlled and dangerous substances. This would not be affected by the location of services.

Providers would be able to give more frequent feedback and encouragement to patients. Periodic checking in on progress with treatment plans would be possible. Problems with medication, or new symptoms, would be addressed sooner. Efficiency and effectiveness of health services would improve.

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