EMILY SHETTY
Legislative District 18
Montgomery County

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Judiciary Committee

Annapolis Office
The Maryland House of Delegates
6 Bladen Street, Room 224
Annapolis, Maryland 21401
410-841-3181 · 301-858-3181
800-492-7122 *Ext.* 3181
Emily.Shetty@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

HB 1208
Maryland Medical Assistance Program – Telehealth – Pilot Program
Statement in SUPPORT

Chair Pendergrass, Vice Chair Pena-Melnyk and members of the House Health and Government Operations committee, thank you for this opportunity to testify in support of HB1208, a bill that will establish a three year pilot program to expand telehealth for Medicaid patients with behavioral health needs, as well as those with chronic conditions.

Telehealth is a way to ensure access to needed healthcare services in a convenient setting for the patient, by allowing a provider to use technology to directly engage in the diagnosis and treatment of a patient remotely. The growth of this technology in Medicare and private pay has demonstrated the significant benefit that this technology has had for patients in rural communities, those who are home-bound, and others who require access to needed care.

HB1208 requires the Department of Health by December 1, 2020 to apply for a Section 1115 waiver from CMS to implement a three year pilot program to test Medicaid coverage of Telehealth services from any originating site, including the patient's home, specifically for behavioral health and chronic condition management.

Currently, Maryland Medicaid reimburses only for telehealth provided where a patient is located at a limited number of "originating sites." Approved sites include college health centers, community-based substance use disorder providers, a deaf participant's home or other secure location, school nurse/counseling office, local health department, federally qualified health center, a hospital, nursing facility, a private office, an opioid treatment program, outpatient mental health center, renal dialysis center or a residential crisis service site.[1] Essentially, unless the Medicaid beneficiary is deaf, they are limited to using telehealth if they are currently located within another medical setting. Given that 18% of Maryland's population benefits from

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[1] MD Telehealth FAQ:
https://mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/Telehealth%20FAQ%20Oct2019.pdf

Medicaid,[2] this is a substantial limitation on the delivery of health care services to patients in our state.

There are over 200 telemedicine networks, 3,500 service sites and half of U.S. hospitals utilize telehealth in some capacity.[3] Nineteen states allow Medicaid to reimburse patients for services provided from their home,[4] including AL, AK, CA, CO, DE, GA, HI, IN, LA, MI, MN, MO, NE, NH, NY, OH, TE, VT, WA.

The initial provider-side investments in telehealth equipment can be substantial, however, many providers have chosen to make these investments to expand access to care for their patients, while also reducing other healthcare delivery costs. Equipment and programming can range in cost to providers from $42,000 to $300,000.[5] This estimate does not include training, malpractice insurance or installation. Patients typically access telehealth from smart phones or their computers. The average annual savings are estimated to be $32,671 for travel expenses, $19,761 in lost wages, and $101,600 in hospital costs. [6] Savings in Maryland, per facility, are estimated to be $1,108 for travel, $576 in lost wages and $16, 848 for hospital costs.[7]

Many rural regions lack adequate healthcare services, especially in relation to psychiatric and behavioral health. HB1208 would help bring services that would otherwise not be present to areas that are more likely to face older populations, less financial resources and are increasingly prone to conditions like obesity, diabetes and heart disease than those living in urban areas. In 2018, there were over 12,000 child and adolescent visits to emergency departments in the State to resolve psychiatric and behavioral health concerns, as a result of lacking in services.[8]

I thank the committee for its consideration of HB1208 and respectfully request a favorable report.

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[2] Medicaid in MD: http://files.kff.org/attachment/fact-sheet-medicaid-state-MD
[3] NTCA 2017 White Paper: "Anticipating Economic Returns of Rural Telehealth"
https://www.ntca.org/sites/default/files/documents/2017-12/SRC_whitepaper_anticipatingeconomicreturns.pdf
[4] Center for Connected Health Policy 2019, "States Telehealth Laws and Reimbursement Policies"
https://www.cchpca.org/sites/default/files/2019-
10/50%20STATE%20INFOGRAPH%20FALL%202019%20FINAL.pdf
[5] NTCA 2017 White Paper: "Anticipating Economic Returns of Rural Telehealth"
https://www.ntca.org/sites/default/files/documents/2017-12/SRC_whitepaper_anticipatingeconomicreturns.pdf
[6] NTCA 2017 White Paper: "Anticipating Economic Returns of Rural Telehealth"
https://www.ntca.org/sites/default/files/documents/2017-12/SRC_whitepaper_anticipatingeconomicreturns.pdf
[7] NTCA 2017 White Paper: "Anticipating Economic Returns of Rural Telehealth"
https://www.ntca.org/sites/default/files/documents/2017-12/SRC_whitepaper_anticipatingeconomicreturns.pdf
[8] Maryland Matters, 2019, "Youth Needing Psychiatric Care Find Long Waits, Drives"
https://www.marylandmatters.org/2019/12/28/youth-needing-psychiatric-care-find-long-waits-drives/