



Testimony on HB 1208

Maryland Medical Assistance Program – Telehealth – Pilot Program

House Health and Government Operations Committee

March 4, 2020

POSITION: SUPPORT

The Community Behavioral Health Association of Maryland is the professional organization for providers of community-based mental health and substance use disorder treatment services. Our members serve the majority of the almost-300,000 children and adults who access care through the public behavioral health system. We provide outpatient treatment, residential and day programs, case management and assertive community treatment (ACT), employment supports, and crisis intervention.

Thanks to the support of the General Assembly, behavioral health programs are able to use telehealth for services offered by outpatient mental health centers (OMHCs) and Assertive Community Treatment (ACT) teams. This has allowed us to use our workforce – particularly psychiatrists and psychiatric nurse practitioners who are in such high demand – more efficiently. For example, if a client needs to be seen on an emergency basis and does not have an appointment, they can be seen by a prescriber or therapist who works at another clinic via telehealth. Prior to telehealth the individual would have had to wait for the earliest available time at the clinic they entered, which could have been hours given the back-to-back nature of scheduled appointments. Similarly, our ACT teams now send community health workers out in the field who facilitate the telehealth visit with the client, who may be homeless at the time. The technology has mitigated the need for psychiatrists and psychiatric nurse practitioners to drive - sometimes for long periods of time – trying to locate clients who often have no stable living environment.

HB 1208 would widen the locations that telehealth could be used for behavioral health under Medicaid. We have long urged the Maryland Department of Health to allow the use of telehealth in home settings, such as Residential Rehabilitation Programs (RRPs). The individuals served in RRP are the most at-risk for emergency department and inpatient utilization, given that all RRP recipients must meet priority population (a combination of a qualifying diagnosis, such as schizophrenia or bipolar disorder, functional limitations, and a history of institutionalization in a state psychiatric facility). Telehealth would be particularly valuable to this population because they are often resistant to being transported to a clinic, particularly when decompensating. Having the ability to bring a clinician via telehealth into a client's home could prevent the need to call law enforcement or other emergency services in a crisis situation or when a client's functioning and psychiatric status are declining.

We urge a favorable report for HB 1208.